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VOL. I.

JANUARY, 1854.

NO. 1

THE JOURNAL

OF

MEDICAL REFORM.

FOR THE PEOPLE AND THE PROFESSION.

WILLIAM H. COOK, M. D.

EDITOR.

New-York.

PUBLISHED MONTHLY BY AN ASSOCIATION OF PHYSICIANS
AT ONE DOLLAR PER YEAR.

Address the Editor, 7 Essex Street, and please pay the postage.

Eckler, Printer, 27 Fulton Street.

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H. WINCHESTER.

THE Journal of Medical Reform.

JANUARY, 1854.

Selections.

From the London Jour. of Medicine.

ANEMIA AS A CAUSE OF DISEASE IN THE FEMALE, AND PARTICULARLY OF PUERPERAL MANIA.

BY DR. F. W. MACKENZIE.

IT is unquestionably a fact, that anemia in various degrees, prevails very generally amongst females, and that its existence is often unrecognised both by the patient and her friends; whilst, at the same time, its influence is very considerable in modifying and predisposing to various secondary diseases. The great susceptibility of the nervous system in females generally, both consequent upon, and independently of, impregnation and its results, is well known; but its connexion with certain conditions of the blood does not appear to have been as fully appreciated. It has been observed, for instance, that the nervous system of the female in health is far more irritable and susceptible to impression than that of the male; but it is also the case, that the healthy constitution of the blood of the former differs materially from that of the latter, with a slight exception in favor of albumen, the blood of the female contains a smaller portion of nutritive and vivifying elements than that of the male.

The avocations of females in many instances, their education and modes of life, more especially of those of the upper class of society, doubtless tend still further to diminish this proportion, and to produce a correspondingly more irritable condition of the nervous system, as well as a greater susceptibility to the operation of disturbing causes. Anemia, however, when induced, and existing even in an extreme degree, is not incompatible with a comparatively healthy performance of the bodily functions, and thus may have been of long continuance without attracting any particular notice; but persons so suffering readily succumb to morbid influences; they are unequal to much fatigue; possess, for the most part, but little energy, and are often incapable of performing their allotted and ordinary duties. Should

mpregnation take place under these circumstances the blood becomes still further impoverished, and the constitutional powers heavily taxed in the performance of the functions necessary for the purpose of "forming, lodging, expelling, and feeding the offspring." If secondary disease has hitherto been averted, there is now a greater probability of its supervening, and hence, during the utero-gestation, various functional disorders are liable to occur. The brain and nervous system in particular become unduly excitable, and in some cases, incapable of withstanding the shock and the consequences of labor. Hence it is liable to occur under such circumstances, with or without the supervention of some casual exciting cause.

(Dr. Mackenzie has been led to conclude that there is an undoubted connexion between the existence of anemia antecedently to labor, and the occurrence of mania subsequently, and that this connexion is more than casual. Stout persons as well as spare are obnoxious to puerperal insanity, for a stout adipose subject is not necessarily a healthy one; as the blood may be in such, and constantly is, either impoverished or scanty.)

The existence of anemia cannot be determined by the conformation of the patient. It is rather to be sought for in the pallid complexion, the paleness of the inner surface of the lips, and of the palpebral conjunctivæ; in the frequent palpitation of the heart, the breathlessness on exertion, the abnormal murmur heard over the heart and jugular veins, the feebleness of the pulse, and the general coldness of the feet and hands: with these symptoms, there is often languor and lassitude, and general feebleness of the bodily functions. These are the shurest indications of the presence of anemia; and when they are sufficiently attended to, it will often be found to exist where otherwise it might never have been suspected.

That this condition of the blood should favor the occurrence of puerperal insanity, would appear to be highly probable, from a variety of circumstances. In the first place, it is obvious that for the healthy performance of the functions of the brain, as of other organs, it is necessary that there should be a due supply of healthy arterial blood; and that this supply cannot be greatly diminished in quantity, or deteriorated in quality, without producing disorder, or a great susceptibility to it. "That the brain is an organ receiving a very great supply of blood; its vessels are large and numerous; that an increased determination of blood to it, or, on the contrary, diminution of the quantity conveyed to it, must have an effect upon the cerebral functions; and that the perfect or imperfect state of the intellectual and nervous powers is intimately dependent upon the condition of the circulation within the head, are facts of which no doubt can be entertained. Hence, amongst the frequent consequences of anemia may be mentioned an extremely irritable condition of the brain and nervous system. In some cases, this amounts to actual disorder, in others to a susceptibility, which only requires some casual circumstances to develope into positive disease. Thus, in puerperal patients, when

greatly anemiated, mania may occur as the result of the mere shock and consequences of labor. But when the blood is less impoverished, additional disturbing causes may be necessary; and those which would produce it in a puerperal patient, are similar to those which would occasion it in the non-puerperal state. Of these, mental agitation, shock, or emotion, loss of blood, and irritations of various organs reflected upon the censorium, particularly of the stomach, liver, and intestines, are the most potential; and the cerebral disorder induced by these in anemiated non-puerperal persons, is precisely similar to the mania of the puerperal state.

In the second place, the general symptoms attending puerperal mania, are identical with those which are met with in anemia. The brain and nervous system, it is true, are in a state of extreme excitement: but the condition of the patient generally is one of weakness and exhaustion. The pulse is small and quick; the extremities cold; and the excitement has been truly characterised as "action without power." Moreover, in all the cases which I have seen, loud continuous murmurs were heard over the cervical veins, as well as those cardiac sounds which are indicative of an attenuated state of the blood.

In the third place, the progress of the disease does not materially differ from various cerebral affections, which are occasionally met with in anemiated patients; and whilst in each the tendency under favorable circumstances is to recovery, in either the reverse may happen from very similar causes. Thus, in either, congestion of the brain may occur from feebleness or irregularity of the circulation; and, consequent upon this, effusion may take place, leading to a fatal termination. When, again, the malady is protracted, various organic changes may be induced in the brain and its membranes; and these may give rise to permanent insanity, epilepsy, or paralysis.

Treatment.—The treatment generally proper for anemia will be found, upon the whole, to be most appropriate for puerperal insanity. Special indications will require to be fulfilled by special means; and slight forms of the disease will often yield to the unassisted efforts of nature. But when the attack is severe, and resists the natural efforts, as well as specific treatment, it will generally be found that this obstinacy is connected with an aggravated form of anemia, and that in proportion as the condition of the blood is improved, will the cerebral disorder disappear.

If the foregoing observations should prove to be correct, and if it should be established as a fact that anemiated persons are especially predisposed to puerperal insanity, it will follow that the treatment should not only be curative, but preventive. The practitioner, aware of the cases in which there exists a predisposition to the malady, will be forewarned, and prepared to take precautions against its accession. During pregnancy, he will endeavor to improve the condition of the blood and the tone of the nervous system, by the attention to diet and regimen, and such auxiliary treatment as may be indicated in

particular cases. During labor he will especially endeavor to diminish the shock upon the nervous system, and to prevent or lessen excessive or immoderate hemorrhage; whilst, during the puerperal period, he will guard his patient against the influence of those occasional causes which are known to determine the attack, such as mental alarm, agitation, or emotion; gastric, hepatic, or intestinal irritation or any organic irritation which is capable of being reflected upon the brain. In short, the indications are twofold; on the one hand to adopt such measures during pregnancy as are calculated to improve the blood; on the other, to guard the patient, both during and subsequent to labor, against such influences, mental and physical, as have been known to occasion the attack.

The first indication comprises the treatment of anemia in all its several forms,—a subject which is far too comprehensive and extensive for discussion in the present paper. Its relations moreover, to uterine and puerperal diseases generally are so important, that I propose to consider it in a separate communication. It should comprehend the attention to external circumstances,—habits and modes of life; to the condition of the digestive organs, as well as that of the nervous system generally; to various remote causes of a depressing character, mental and corporeal; and thus should comprise measures both mental and physical, dietetic and medicinal.

The second indication, so far as a preventive is concerned, is to protect the patient, both during and subsequently to labor, against the influence of the exciting causes of the malady. These are, for the most part, well ascertained, and comprehend two classes. The first class comprises those which directly operate on the mind; the second, such irritative disorders of the body, or of particular organs, as are capable of affecting the brain unfavorably, whether by sympathy or otherwise. All painful states of the mind should, if possible, be prevented: distress, anxiety, grief, or any emotion, have, in some instances, immediately given rise to attacks of mania; as also fright, agitation, sudden shock, or alarm. These also should therefore be rigidly guarded against. Of bodily derangements, it may be said, that any “uncommon irritation spreading to the brain,” may be the exciting cause; but certain organs sympathise more directly with it than others, and the disorder of these is especially to be attended to. Such irritative disorders may be enumerated in the following order, as regards their frequency, in the causation of the disease: gastric, hepatic, or intestinal, either singly or combined; uterine and mammary.

The curative treatment of puerperal insanity, should it unfortunately have occurred, is one of extreme difficulty;—not less so from the nature of the indications to be fulfilled, than from the reluctance of the patient to acquiesce in the necessary measures of treatment. It should comprise attention to at least the following four points:

First. The removal of any exciting causes which may exist, and of any bodily derangement which may have been instrumental in the causation of the disease.

Secondly. The subduction of cerebral excitement, and the restoration of tranquillity to the nervous system generally.

Thirdly. Guarding against the occurrence of congestion, effusion, or other diseases of the brain.

Fourthly. Supporting the constitutional powers, restoring the general health, and improving the condition of the blood.

From the London Lancet.

ON PERMANENT INVOLUNTARY CONTRACTION OF THE MUSCLES.

EXTRACT FROM A LECTURE BY A. SMITH, ESQ. SURGEON.

IN the winter of 1810, whilst reading in the house of the late Sir Charles Bell, in Leicester-street, Leicester-square, I was suddenly awakened in the middle of the night by the sound of the watchman's rattle, and the cry of Fire! Fire! I took no notice until I ascertained that a crowd was collecting under my own window; then I arose, opened my window, which was to the front, and ascertained that within thirty yards, at the top of the street, and in full view, the Mexican Hotel was on fire; presently a lower window was thrown open, and a gentleman in nightcap and nightshirt leaped on the pavement. In a minute or two afterwards came from the same window clouds of smoke, and sheets of bright flame; then I noticed three women creeping on the roof, with nothing on but their night-dresses; these escaped into a neighboring coachmaker's premises; soon afterwards every window was broken up by the heat; fire and smoke issued; there was no help, nothing could be saved, and, alas! several persons were burnt to death in their beds. Now, gentlemen, I have told you that old tale, because I think I picked up a little good surgery out of that fire, and here is my first case:—

It was a bitter cold, drizzling winter's night. I was so fascinated by what I saw, that I did not leave the window to put on even a stocking or a shoe. I remained full twenty minutes with my head out of the window, and my right forearm bent to a right angle resting on the window-sill. When I saw all was over, I retired to bed cold and shivering. Before I proceed, I must tell you that at this time I was twenty years of age, and had a pet biceps muscle, which I was cultivating, and which (like many medical students of the present day whom I could name) I was very proud of. When I had been in bed some time, and wished to place myself in a proper posture for sleeping, I found the biceps muscle of my right arm was in a state of powerful involuntary and permanent contraction; the more I tried to overcome it, the more it mastered me. It was in open rebellion to my will, and a sturdy rebel it was with its two heads. I tried to coax it, and I found the soothing system answered best. I rubbed it, and gradually got it extended and easy; but when the limb was placed in a flexed position it suddenly got again into powerful con-

traction. After suffering a long time, I called up my esteemed friend, Mr. John Shaw, who was then my fellow student; with his assistance I succeeded again in obtaining full extension of the arm, and was quite easy; but I suffered so much from its frequent return, that I was determined to prevent a relapse by lying with the whole weight of my body upon the arm when extended. I fell asleep in this position, and awoke in the morning perfectly well. I was many years before I had an opportunity of reaping advantage from the experience gained that night in the management of a case of permanent involuntary contraction of the muscles; but my next case was a very striking one, by reason of the very long-continued contraction and the suddenness of the cure.

Mary L——, a stout, robust woman, aged twenty-five, from Norton (at that time a rural village, but now an important railway station,) was admitted a patient of the Infirmary, under my care, on the 30th of July 1820. She had been fifteen months under treatment, suffering much, during the time, from permanent involuntary contraction of the four powerful muscles forming the quadriceps extensor femoris, the whole of which were in an extremely rigid state. She walked without pain, but an inability to bend the right knee in the least gave her the appearance of walking with a wooden leg; and during the whole of this time she had been unable to kneel. The warm bath, fomentations, frictions, and many other means, had been persevered in, for a great length of time, without producing the least effect upon her complaint. In reflecting upon this case, I persuaded myself that this state of the muscles had originally been produced from some such cause as my own case, and that it was now continued through the force of habit. I also thought, if I could succeed in completely relaxing these muscles, and keep them in that state a few hours, the balance of power between these muscles and their antagonists, the flexors, might probably be restored; and thus a cure effected. I proceeded to try this plan the following morning. I placed her upon the bed on her left side, and taking hold of the ankle with my right hand, grasping the thigh with my left. In the course of about ten minutes I succeeded in drawing back the heel, and pressing it against the buttock, thus producing a perfect flexion of the limb. This was not accomplished without considerable management, for the muscles made many attempts to overpower my efforts; but whatever degree of relaxation I obtained, I did not yield: but by gentle friction, and perseverance, my object was at last gained. It was gratifying to perceive that the rigid muscles became now perfectly relaxed. In order to destroy the tendency to reaction, two leather straps, with buckles, were placed, while the limb was in this condition, tight round the upper part of the thigh and ankle, thus fixing the limb in this position, with the heel touching the buttock. She remained, by my orders, bound in this manner, and lying upon her side, until my visit on the following day, upwards of twenty-four hours. The success of my practice was perfect. On being released, it was found the muscles,

which had been for so long a period contracted, were quite relaxed; and not only so, but the tendency to involuntary contraction was entirely destroyed. She walked without limp, without pain, and with the perfect action of the hinge of the knee-joint during every step she took. Suspecting, however, it might return, she remained an in-patient ten days. No return of the complaint took place. She was made an out-patient and appeared as such.

Aug. 30th.—She was perfectly well, and had suffered no relapse. She brought with her a letter from her surgeon, requesting to be informed of the means which had been adopted for her cure, which I communicated to him.

Oct. 4, 1846.—I received a letter from the late Mr. Spink, requesting me to meet him in a consultation, on a case at Tollstone, near Tadcaster. I found Master S——, a fine boy of seven years of age, had been twelve days confined to bed and the sofa, in consequence of a blow he had received on the body from a playfellow at school. Considerable pain took place, he was put to bed, and the usual remedies applied. When I saw him, he was lying on his left side, with the knees drawn towards the abdomen; he was in much pain, had been twelve days quite unable to put his foot to the ground, or alter the position of the foot, without acute pain; and it was suspected that there was some acute disease of the hip. After examination, finding some of the abdominal muscles and also those of the thigh in a painfully contracted state, I rubbed them, and, by gentle means, gradually brought down the thigh. I then gently pushed back the chest, and in five or ten minutes I ascertained that the painfully contracted muscles were relaxed and also at ease. I now took my patient in my arms, and placed him on the floor with the left leg foremost, ascertaining that in this position the muscles still remained relaxed, I left hold of him and confidently requested him to walk; to the great surprise of his surgeon, and gratification of his father and mother, he walked well, and at ease, without limp or lameness. The cure was immediate and perfect, and no relapse took place.

I will not occupy your time by relating more of these cases; you will believe me when I say, I meet with them frequently, and many of you have had opportunities of seeing them in my practice. It is now more than twenty years ago since Dr. Williamson requested me to give him a short essay on some practical subject for the "North of England Medical Journal;" I gave him this subject. It was published in the second number of that Journal, and from thence inserted entire in "The Lancet" and the "Gazette."

Whatever muscles you find in this state, let it be your object to place their origin and insertion as far apart as possible; this secures a relaxed condition of them; maintain them in that state for some time, their opponents will then be gaining strength, and the balance of power will be restored. I often see the masseter in this state, and cure it by gentle insertion of a wedge into the mouth. It is this state of the sternocleido-mastoideus which forms wry-neck, and I have

several times succeeded in effecting a cure in recent cases by turning the chin to the opposite side, and keeping it there a few days by mechanical means. The muscles about the shoulder-joint often get into this state after accidents, and render the arm of very little use for months and sometimes for years. This state of the shoulder I have often cured by the same manœuvre formerly mentioned, placing the bend of the elbow on the crown of the head, with the fingers touching the ear on the opposite side, and keeping it in that position a few hours. The biceps sometimes remains for some weeks in this state after treatment for fracture of the forearm; the muscles of the fingers also, after injuries of the hand. The powerful extensor or flexor muscles of the thigh after long-continued, extended, or bent position of the limb in the treatment of fractures or other injuries, are left in this condition. The gastrocnemii and other muscles of the leg are often allowed to get into this state during the treatment of disease or accidents of the foot or ankle, and often require more management and time to remedy after the cure, than the original disease.

More than thirty years ago I often suffered from a painful spasm of some small muscle under the angle of the jaw, which I believed to be the digastricus. On one occasion I accidentally ascertained that the pain was instantly relieved by opening the mouth wide, and keeping it thus a few moments. Some years afterwards I was consulted by Mrs. G—, who had often been affected in the same manner for many years. I mentioned my case to her, and advised her to try the same means. The plan answered for her, and by relieving the spasm at once, the tendency to its return was afterwards entirely prevented.

Cramp in the leg from spasm of the gastrocnemii is instantly relieved by seizing the foot, and pressing its dorsum towards the front of the leg, thus bringing down the heel.

Whenever you meet with cases of this kind, remember those I have placed before you and the observations I have made; follow the same practice, and you will often have the same satisfactory result. I could give you many more examples; but the few I have brought before you have been sufficient to explain the practice to be followed in such cases. My object in giving this lecture will be fully gained, if, when you meet with these cases, you recollect what has here been stated, and not overlook them. Remember, your medicines, your embrocations, your frictions, fomentations, and warm baths, will be of little avail; but place the origin and insertion of the contracted muscles as far apart as possible. They will then become relaxed; maintain them in this relaxed condition for a length of time, and the tendency to contract will cease.

In the mean time, the antagonist muscles will gain strength, the balance of power will be restored, and the natural action of both sets of muscles will be obtained.

From the London Medical Gazette.

ALBUMEN IN THE URINE, A SYMPTOM OF DISEASE.

BY DR. G. OWEN REES, F. R. S., ETC.

(UPON this symptom, to which the attention of the medical profession has been directed for many years, and which forms the leading feature of the disease called morbus Brightii, Dr. Rees remarks :)

I shall not now describe the methods of detecting the presence of albumen, but, assuming the fact established, I shall beg your attention to the pathological considerations of which it is suggestive in the present state of our knowledge.

When Dr. Bright published his views on this subject, and declared his belief that an albuminous condition of the urine indicated a peculiar state of kidney, which commenced in congestion and terminated in the deposit of an adventitious matter in the tissue of the organ, some doubt was felt among pathologists as to the symptom indicating the condition described with any great degree of accuracy. It was thought improbable that the state of kidney noticed by Dr. Bright could be the only cause capable of producing albuminous urine; and some were even so bold as to assert that many articles of food would produce a similar effect on the excretion. The exhibition of certain remedies also, and various pathological conditions, were quoted, which theory suggested as capable of bringing about the result; and, what with intrepid assertion on the one hand, and plausible reasoning on the other, considerable doubt was for some time cast on the diagnostic value of albumen in the urine. Among the articles of diet said to produce albuminuria I may mention pastry, milk, and cheese. Among medicines, some diuretics were thought capable of producing a similar effect; and mercury, if exhibited in salivation, was confidently spoken of as a cause for albuminous urine. The pathological states which have been at different times quoted as causes are very various and very numerous:—typhoid and typhus fever; certain forms of rheumatism; severe inflammatory affections, &c.

First, then, with respect to articles of diet:—Neither milk, cheese, nor pastry will produce albuminous urine; nor have I yet been successful in obtaining from those who have made these loose statements a specimen of urine which gave the remotest indication of the presence of albumen, provided it had been previously shown free from that principle. I have also failed to detect albumen in the urine where diuretics have been given medicinally, though it is possible that in poisonous doses some of these may produce the effect. In poisoning by cantharides, albumen appears with blood in the urine: but such cases as these are scarcely likely to confuse your diagnosis. With respect to mercury, the impression was so strong on the minds of some that it always produced albuminous urine when exhibited in large quantity, that a few years ago I was at the pains of carefully examining the urine of persons who were undergoing salivation for

syphilitic disease at Guy's Hospital, taking care to test the urine of each case before the exhibition of the remedy. In these experiments I entirely failed to detect albumen, and I have no doubt that the conclusion above alluded to was arrived at on theoretical grounds.

(The important conclusion Dr. Rees comes to, with regard to the presence of albumen in the urine, is, that it must be regarded as most significant; that continued albuminuria, unconnected with lesion of the kidney, is rare; but we cannot, in such case, arrive at the conclusion at once that the patient is suffering from Bright's disease, because puerperal fever, Asiatic cholera, pyelitis, and inflammation of the urinary mucous surfaces generally, will produce albumen in the urine; it will even appear in a variety of diseases before death, and also now and then during gestation. But, in cholera, puerperal fever, and gestation, there is little likelihood of any of these conditions being mistaken for morbus Brightii. In pyelitis, and inflammation of the urinary mucous surfaces, the cause is not so clear where a discharge of pus takes place. The fluid in which the pus globules float contains albumen, and this mixing with the urine renders it albuminous.)

Thus, in inflammation of the mucous membrane lining the pelvis of the kidney and the urinary tubes, or in inflammation of the lower portions of the urinary mucous membrane, albuminous urine may exist. Though the general symptoms will by no means always assist us to discriminate between these states and the morbus Brightii, the microscope and chemistry will generally easily solve the difficulty. The nature of the deposit must be examined, and we shall find the pus corpuscles present in quantity if the albumen in the urine depend on the above mentioned causes, and not on kidney disease. The microscope will then detect the pus corpuscles in the deposit. An excellent test for pus consists in the addition of liquor potassæ to the urine, when the deposit, if it be pus, is at once converted into a mucous fluid. This when poured out from a vessel, exhibits its glairy character. This test was proposed by my friend and colleague Dr. Babington, and is often very useful in the extemporaneous examination of urine. Urine which is albuminous from the existence of Bright's disease, is also nearly always of a light specific gravity; and this is an important point to remember.

In any case in which the albuminous urine contains a deposit of pus, however, we must rather look to the mucous tissues of the kidney, and the membrane lining the bladder and urinary canals.

It not unfrequently happens that the cystitis consequent on calculus in the bladder produces purulent and albuminous urine, and there is then some difficulty in ascertaining whether that form of degeneration characteristic of Bright's disease may not be affecting the kidney at the same time. This is a point of some importance as regards the prognosis of the case, for if the kidney be so diseased the patient scarcely ever recovers from the operation of lithotomy.

It is necessary to obtain the urine free from pus before we can speak with anything like certainty in these cases. If we can succeed

in doing this by means of demulcents and astringents, in conjunction with alkaline remedies, then we may proceed to examine the urine with some hope of arriving at a conclusion. If, for instance, the albumen leaves the urine in proportion as it becomes free of the deposit of pus corpuseles, and if, on the disappearance of the pus, the albumen cease to be present, then the albuminous urine was unconnected with the morbus Brightii. If, on the contrary, however, the disappearance of the deposit of pus leaves the urine still impregnated with albumen, then the morbus Brightii is probably present, and we ought to give an unfavorable prognosis.

Attention to this point is of vast importance, and I have known more than one case in which much disappointment and chagrin might have been spared the surgeon, had care been taken to inquire into this matter.

When albumen, then, exists in the urine, *without pus or blood* to account for its appearance, we may conclude that the patient is the subject of one of those forms of degeneration known as the morbus Brightii, provided we have excluded puerperal fever, gestation, and cholera, as possible causes. It must be remembered that bloody urine will occasionally be passed in Bright's disease; but the prominent and continuing characteristic is the secretion of an urine containing the serous part of the blood *only*, and when red blood corpuseles are to be seen they appear but for a day or so, and then the urine returns to its purely albuminous state. In the slight notice I am here able to give of the morbus Brightii, I must omit the general detail of symptoms. I cannot refrain, however, from mentioning to you one or two points with respect to diagnosis, which you will find of value. You may derive great assistance from the observation of the following symptoms, which, when present, should always lead to the examination of the urine for albumen:—

1st. A puffiness of the face observed in the morning.

2ndly. Frequent calls to pass water at night.

3dly. A tendency to swelling of the wrists, often attended with pain, but not of a rheumatic character.

4thly. Dyspepsia, attended with frequent nausea.

Do not expect always to find pain in the loins in Bright's disease. It is *sometimes* a symptom, but far from *always*, and I warn you of this, because the absence of that pain may distract your mind from the right line of thought, when examining the more insidious cases of the disease.

With respect to your prognosis, it is important you should remember that this disease is by no means necessarily fatal. Cases which are detected early are frequently cured, and those who suffer from the more advanced stages may be kept alive for years under judicious treatment.

One great point to keep in view, especially as regards the application of remedies, is, that the albumen passing away by the urine is impoverishing the blood, and not only thus decreasing the proportion

of albumen, but likewise interfering with the formation and development of the red corpuscles, so that patients become rapidly anæmiated.

The relation between the contents of the red corpuscles and the chyle becomes changed in consequence of the drain of albumen lessening the specific gravity of the liquor sanguinis, in which the corpuscles float. Now the chyle supplies iron to the red corpuscles, and contains that metal dissolved in its serum for that purpose, and when in the healthy state the chyle enters the blood through the thoracic duct, it produces certain physical changes. The specific gravity of human chyle is about 1027; that of the fluid in which the corpuscles float is 1050 to 56; and the fluid contained in the corpuscles must of necessity be of the same specific gravity, in virtue of the endosmotic law. When the chyle mingles with the liquor sanguinis then it lessens its specific gravity, and *in health* there is an endosmotic action exerted, which draws a considerable proportion of the chyle within the blood corpuscles, the law being that heavier will draw the lighter to its own side of any membrane, in larger proportion than the lighter can draw the heavier.

It will be obvious now, that if we lessen the specific gravity of the fluid in which the corpuscles float, *by abstracting its albumen*, we shall also lessen that of the contents of the corpuscle. The contents of that body will then approach to the specific gravity of the chyle, and that fluid will therefore enter the corpuscle the less freely, and there will be less iron supplied to it for its nourishment. Thus it is that anæmia, or a deficiency of red corpuscles, will always follow as a consequence of a drain of solid matter from the blood.

Original Communications.

CHOLERA.

BY W. HENRY, M. D.

IN the treatment of this disease there are four points to which the efforts of the physician must be directed:—FIRST, to the removal of all acidity of the stomach. SECOND, to restoring the circulation of the blood to the surface. THIRD, to sustaining the heart and arteries in their action. FOURTH, to restoring the action of the kidneys. The failure in the biliary secretion and the alarming increase in the alimentary discharges are but the results of the general depression and stagnation of the capillary system. And as an effect is only to be relieved by the removal of the cause which has given rise to it, there is but little need of employing any direct astringent or hepatic means until reaction has been restored. The suppression of the urine probably depends, in a great measure, upon the same capillary stagnation, but there seems to be evidence that this secretion is affected at an early day, in many instances even prior to any appearance of disturbance in the circulation. Its restoration, therefore,

may safely be considered a consumption deserving early attention.

Every Reformer will readily see that the above indications are to be answered by the use of diaphoretic, arterial stimulants. And it is a matter of surprise that any person claiming to be a Physician should think of using any other means in a disease which shows such prominent signs of the loss of vital heat, and depressed arterial action. Yet our erudite neighbors of the Allopathic school place their main reliance upon Opium, Antimony, Calomel, Iec, Blood-letting, and similar depressing means. But their success is what might easily have been predicted by any "old lady" believer in "cayenne pepper and brandy;" and it is with evident chagrin that they admit the knowledge of the nature and management of this disease to be "most unsatisfactory."

The practitioner has a very wide field from which to make choice of stimulants; but as my brethren may be willing to hear the course I have taken, and the means upon which I have relied in the treatment of this disease, I will give them a brief schedule of my plan.

If you are fortunate enough to be called upon before the more violent symptoms have set in, use an infusion of the Neutralising Mixture. (Rhubarb, Soda and Peppermint, equal parts.) Let the preparation be moderately strong, and then give it in pretty large doses. If there is any marked derangement of the stomach, or if the presence of any material quantities of phlegm is suspected, a Lobelia Emetic may be at once given, using *freely* of an infusion of the Composition powder. These means will generally give immediate relief, and often cut short the progress of the attack.

In the second stage of the disease, or when the vomiting and purging begin, put two ounces of Cayenne Pepper and four ounces of salt in two gallons of warm water; wring a woollen blanket or a sheet out of this, and wrap it around the patient while it is yet as warm as he can well bear. Cover him closely with a sufficient number of quilts, and keep him in this pack until the influence of the pepper begins to be felt upon the skin. Then take him out and wash him with *plenty* of tepid water, and put him in a dry bed.

At the same time use the following preparation:

Tinct. Serpentina, (Virginia Snake Root,)	-	-	-	1 pint,
Tinct. Capsicum,	-	-	-	2 oz.
Spts. Camphor,	-	-	-	2 oz,
Oil of Peppermint,	-	-	-	10 drops.

Shake these ingredients well together, and give a table-spoonful every fifteen minutes, or oftener if necessary. It is best to use good fourth proof brandy as the medium of the tinctures. An infusion of black pepper and salt, or of composition or ginger and salt, may be drank, and also used as a diluent for the administering of the above preparation. Besides being stimulating, these drinks are of much value to stop the vomiting.

Large injections of Tincture of Lobelia in an infusion of Smart

Weed, or weak Mustard water, may be given every fifteen minutes or oftener. Fomentations of Smart Weed may be laid over the stomach. During the cramps the limbs should be freely and briskly rubbed with a wash of Capsicum and Salt, or Spirits of Hartshorn. If the spasms set in early, the use of the blanket must be omitted in consequence.

The fearful nature and rapid course of this disease, call for the most prompt and active treatment. No delay is admissable; and large quantities of medicine are to be given unsparingly, as long as the violence of the symptoms continues. There need be little or no fear of over stimulation, until reaction begins to appear; and the practitioner who is unused to the disease, will be greatly surprised at the amount of stimulation which will be borne. But these means must be pushed vigorously, as in that depends the only hope of recovery; and with such a course, the occurrence of death will be found a rarity.

I would particularly call the attention of the Profession to the value of the Virginia snake root in this disease. It is one of the most reliable, diffusible, arterial stimulants that we possess. It will produce diaphoresis, raise the action of the heart, and increase the flow of the urine with unfailing certainty, and in a surprisingly short space of time. It seems to be more peculiarly fitted to remove that state of the system which is found in Cholera, than any other article with which I am acquainted; and I feel quite confident that the Profession will not be disappointed in placing reliance upon it.

SUBSTANTIAL ENCOURAGEMENT.

FRIEND COOK :—Your letter requesting an article from me, for the first number of a new Journal, has not found me quite prepared to comply with the request; and if you commence issuing as soon as you anticipate, I will not have time to prepare one and send it on. But you may expect to have all the support my pen can give; and if you base the Journal upon the joint stock principle, I will do my best to extend its circulation. If we expect to prosper in our efforts to improve medicine, we must have Journals and Colleges—and Journals and Colleges must be sustained, and that by the united labors of the whole fraternity. For myself, I am not disposed to hang back from any enterprise which seems to be for our good, and though I am not able to do much, either by purse or pen, I am still willing to do what I can.

I remember to have once heard a revival preacher illustrate in this way the good that even a boy could accomplish. "Suppose," said he, "that a gathering had been called for the purpose of raising a country meeting house. The men get a long, heavy piece of timber and place it under the sill, and with this as a lever and a stone for a fulcrum, they succeed in lifting one corner of the building. One o

the men now goes under for some purpose, and while there the lever slips and the house comes down upon him, squeezing him tightly, but not quite killing him. And now all the men hurry to replace the lever and raise the building, to let the sufferer out. But they find that with all their efforts they can but just balance the church, and can by no possibility raise it. Nobody lives near, and the man will probably die before they can get any more help. Just at this juncture a small boy is seen coming along, and they all cry eagerly for him to come and help them. He hurries to the spot, but at once says he is too weak to do any good. But they catch hold of him and hurriedly pass him along from one to the other, until he is placed in the arms of the man at the extreme end of the lever. With this advantage his weight is found to be just sufficient to overbalance the poised weight of the church,—it raises—a gap is made, and the man crawls out, saved by the timely aid of a little boy.”

From the time I heard that illustration until the present day, I have determined to do all I could in every good cause; and though but a “little boy” compared to others, yet my light weight at the end of a long lever may exert some useful power.

The way to help a Journal is not to *wish* it well, but to *pay* it well. It is the money that tells the tale there. I always liked the Frenchman’s creed in matters of charity, who pitied the beggar “two dollars,” while others were expressing their sympathy and passed on leaving him to starve. This is the only *substantial* way of showing a good will. Sometimes in efforts to get subscribers for a Journal, I have met with so many discouragements, as to feel like letting the whole thing go by the board. The past failure of some of our Journals has thrown quite a shadow over my zeal. But if a new one is entered upon, with a fund pledged to sustain it for one year, by which we may expect to get it for that length of time, I will stir around and see what I can do in the matter. I think I can get several subscribers here, and if I cannot I will take five copies on my own account, for I can make money by giving them away.

Yours truly in Medical Reform,

C.

REMARKS:—Although the above letter is a private one, we feel confident that our friend and co-worker will pardon us for giving it publicity. We commend it to the careful perusal of the Profession at large, for it breathes the proper spirit of a Reformer. If this same zeal was infused into every one of us, we would soon be in different circumstances from what we now are. Instead of being mere secondary objects, subject to the sneers of Allopathy and the ridicule of the people, we would be standing at the top round of the ladder of fame, and occupying that proud position before the world to which the justness of our cause and the success of our treatment so pre-eminently entitle us.—*Ed.*

A CASE OF PHRENITIS.

BY E. J. MATTOCKS, M. D.

ABOUT the last of February, 1852, I was called to see a child of Mr. S.— in the city of Troy, a boy about six years old. For about two weeks previous to my being called, he had complained of great pain in the head, was sleepy and drowsy all the time, and had frequent inclinations to vomit. He was exceedingly restless, and when sleeping would start suddenly and scream out. The father had a copy of Dr. Beach's "Family Physician," and with its aid had endeavored to cure the child. Seeing all his efforts fail, and the lad becoming seriously ill, he applied to me for assistance.

At the time of my first visit, I found the delirium, fever, dilated pupils, muscular relaxation, and all other marked symptoms of Phrenitis. These symptoms were of the most violent character: the pupils of the eye were dilated to nearly the full limits of the iris, and the loss of muscular power was so great, that his head and limbs would roll or lay in any position in which they were put, seeming more like flimsy rags than a living animate being. Though many serious cases of this disease had previously been under my care, this was the most hopeless one I had ever seen; but I told the parents that, though the circumstances were so aggravated, and the prospects of recovery so slight, I would still exert my best skill for the child's benefit; and as they earnestly desired me to attend upon him, I pursued the following course of

Treatment.—In the first place a bag of oiled silk was made of the shape of the skull, filled with snow, and then placed about the whole head. Upon the application of this, the child became quiet at once, and would rest sweetly until the heat began to melt the snow, when he would begin to toss about and be uneasy until the snow was replenished in the bag. Stimulating enemases were given every two hours, and warm bottles were placed about the sides and legs. By these means the circulation was directed to the surface, and a gentle perspiration kept up nearly all the time. A tea-spoonfull of the Neutralizing Cordial was given every hour, and one-quarter of a grain of Podophylline every four hours. Enemas of beef-tea were given occasionally, for the purpose of sustaining the strength.

This treatment was closely followed for thirty-six hours, when the eye began to return to its natural condition, and he manifested the cooling influence of the snow by trying to move his head out of the bag. A little composition tea was now given in some warm milk; the bowels moved freely, and the use of the snow was discontinued. The acuteness of the attack was fully broken up, and the child began to recover, but so slowly that it was two weeks before he could raise his head without assistance, and three weeks before he could speak. There was much fear felt by the parents lest the child should lose his speech, and be a confirmed idiot; but with good nurs-

ing and close attention he recovered fully, and the last time I saw him he was as hearty and healthy as other boys.

I have used the same course of treatment in many other cases of this disease, and always with success. I would explain, for the benefit of the young practitioner, that the diaphoretic and stimulating treatment to the lower part of the body, must be exactly proportioned to the degree of cold applied to the head. To put ice on the head and neglect to produce full diaphoresis, as above directed, is death.

New York, Dec. 1853.

NOTES ON COSTIVENESS.

ALTHOUGH Costiveness is most generally but a symptom attending more acute diseases, yet the Physiological disturbances which occasion the symptom are deserving of a separate remark.

It is directly caused by the functional derangement of 1st, the liver, 2nd, the gall-ducts, 3rd, the muscular coat of the bowels, 4th the mucus membrane of the alimentary canal.

The Hepatic derangement is of two varieties, namely, Torpidity and Inflammation. The failure in this function, from either of these causes, is known by the darkness and fœtor of the stools.

The Biliary passages may be occluded by failure on the part of the muscles, as in Jaundice, or by the presence of calculi. Paleness of the faeces, and sallowness of the countenance, are noticeable in these cases.

When the fibrous coat of the bowels fail to excrete the faeces, the abdomen is found in a tympanitic state, and the patient will be troubled by the presence of flatus.

Deficiency in the mucus secretion most commonly occurs in the colon and rectum, and causes an absorption of faecal moisture, leaving hard, dry excrement to be expelled.

Treatment.—The particular function that is disturbed must be the guide by which to vary the treatment. In acute forms of Hepatitis and Jaundice, the practitioner must remove this symptom as directed in the general treatment of these diseases. But when constipation is the only apparent sign of functional derangement, it is to be viewed and managed as a distinct difficulty.

For torpidity of the Liver, Leptandrine, Podophylline, Wauhoo, Taraxacum, Juglans (Butternut,) and Apocynum may be used either separately, combined, or in connexion with small proportions of Lobelia. When calculi are present in the gall-ducts, frequent doses of Lobelia given to the point of nausea is the most valuable relaxant. In Icteric difficulties, Apocynum and Lobelia, with Scammony, Sanguinaria and Menispermum (Yellow Parilla) are reliable agents. Muscular Rigidity of the bowels may be removed by small doses of Tr. Lobelia in Mint Water. Deficiency of mucus secretion is best overcome by daily injections of tepid or cold water, or molasses or ginger in the water.

Editorial.

OUR GREETING TO THE FRIENDS OF MEDICAL REFORM.

BRETHREN :

At the beginning of a new year we present you with a new Journal, devoted to the advancement of those principles which are dear to the hearts of us all. We sincerely hope that this our first visit will receive a welcome from you, and that you will one and all wish us, from your very souls, a happy year.

You who have labored in the cause of Progressive Medicine, until your locks have begun to silver with the weight of years, cannot fail to have a sensation of pride as you contrast our present position with what it was twenty years ago. And if ever pride was honest and justifiable, it is in this case : for a system of Medical Philosophy to emanate from a humble and untaught man, and from so feeble a germ grow to a stately tree, and that in defiance of the bitterest opposition of the whole fraternity of medicine, is a triumph which has never been paralleled.

Twenty years ago, the people, the profession, and the government stood in array against us, endeavoring by every malicious denunciation, to crush our young bud in the dust. Now we are defended by the Legislature, supported by the people, and dreaded by conservative Allopathy. Then, to be the friend of Reformatory Medicine was to be the butt of ridicule, the laughing post of scorn, and the scapegoat of the people's odium and the profession's envy. Now, the man who chooses to openly scoff our name is pitied on account of his mental deficiencies ; and Reformers are no longer posted in the bars of the criminal courts, and shown as specimens of monstrosity. And the jeers, and taunts, and persecutions of those primitive days, are in strange contrast with the respectful recognition that is now so generally extended to us. Great, indeed, has been the change. Our erudite neighbors of the opposite school, would fain smooth us into the belief that those days never were, and that our remembrance of them is but the shadowy impression of a vision. But those hours of darkness, and those scenes of torture, are too fresh in our minds to be forgotten, and oily flattery must fail in its attempts at reconciliation. Indeed, who is there among us that can restrain the beatings of his heart, as he looks back upon those fierce struggles between the Spirit of Progress and the Spirit of autocratic Tyranny.

But though our march has been thus rapid, and the triumph of Truth so signal, the goal of our desire is by no means yet reached. It is not enough for us to be placed upon an equal footing with Allopathy,—we must be placed above them. We must occupy the same position towards them, that they have heretofore held towards us. The great principles upon which we

rest are rooted in the rock of Truth, and they form a foundation upon which can be reared a dazzling structure. If Allopathy, founded in error, has been able to reach so imposing a position as that it lately held, what may we not hope to accomplish ? And if we truly love those principles for which we have struggled, it is our duty to herald them to the four ends of the earth. Nor should we think of halting in our labors until the whole civilized world recognized us as the true Philosophers of Medicine. We should be fully and clearly recognized as the standard authorities in the healing art. Every public Charity, every Government Hospital, every Legislative grant should be given to us. These things belong to us and we should have them. They are estates which are designed to be entailed to Truth, and Error has been recipient of the favors too long. Let us now claim them ; and let us not, for a moment, doubt our ability to attain to this point of elevation. We have but to determine upon it and the victory awaits us. When the invincible power of Truth *forced* the Legislature to take off those tyrant restrictions, which Allopathy led it to impose upon us, it gave us a standing upon the ladder ;—it is a fault and a disgrace if we do not now climb to the topmost round.

In our efforts to reach this prospective position, there are two great levers which we must use, viz : Journals and Colleges. The first of these is necessary, to advocate our rights among the people, to keep up our intercourse with one another, and to herald every advance and improvement that is made among us. The second is needed to educate young men in our Philosophy, and to fit them to go forth against the enemy, as warriors in this our cause which is holy. These means are of untold importance. As well attempt walking without muscles, and thinking without a brain, as to hope to be finally triumphant in our labors without Journals and Colleges. But it is unnecessary to dwell upon these points. You are all acquainted with the advantages which a former employment of these means has wrought, and cannot fail to pre-realize the great results which their further and proper use is destined to accomplish.

And now, Brethren, we offer to you a new Journal,—the organ of our young College in this city ; and we ask you to lend a hand in working both these levers. The mountain of error is crumbling before us. Come up and help us to give it a giant blow, and it will soon be swept into oblivion.

We are well aware that the former failures in Journals of Reformed Medicine has thrown a shade over your zeal, and you will no doubt receive this new one with some caution. But while we deeply regret the past, sufficient causes for those failures can easily be found. In the first place the projects were entered upon before the full cost was counted, and before capital enough to complete them had been secured. And in the second place let it be whispered, that those who received the Journals were often too dilato-

ry in sending their several mites, which, though small in themselves, are all-powerful in encouraging and sustaining a medical periodical. But in order that your confidence may be secured in this enterprise, we will take early pains to inform you, that the first of the above causes of failure does not exist here. A number of responsible physicians and dealers in this city, have agreed to conduct this Journal for one year. Each individual has PLEDGED himself to pay a *specified* sum every month for this purpose. The undertaking is entered upon with other motives than the shadowy hope of reputation or emolument. The success of those great principles of our system of medicine forms the moving power. On those principles we are resolved to live and die. Drs. Law, Mattocks, Doolittle, Sweet, Wilcox and others have pledged themselves for the conduction of this Journal for the coming twelve months, and "fail" is a word unknown in their vocabulary.

And now we appeal to you for support. We here are willing to do every thing in our power for the success of the common cause, and we enter upon this project at an expense of several hundred dollars. It *shall* be conducted to the year's end. But we look to you for an early return of subscriptions, that the burden on the hands of the willing few may be thus lightened. The price is but nominal, and you will never notice its absence from your purse. We hope we do not look to you in vain.

MRS. FOWLER'S COURSE OF LECTURES.

WE would call special attention to Mrs. Fowler's announcement for a course of Medical Lectures, which will be found upon the last page of the cover. This offers an excellent opportunity to those who design to study medicine, and for those who are already following or intend to follow the business of nursing. Mrs. Fowler has been for three years the Principal of the Female Department of Central Medical College, Rochester, and is, both by education and experience, admirably qualified to impart medical instruction to her own sex. The great profit accruing to the business of nursing, and the increasing demand for well-informed lady attendants, are inducing a great many to enter into this kind of labor, as affording both congenial and remunerative employment. To those who want to enter this branch of female occupation with a suitable education, desiring to obtain the highest price for their services, Mrs. Fowler's class offers many inducements.

RE In a Lecture lately delivered in this city by the Hon. J. P. Hale, that gentleman made the following excellent remark :

"The spirit of the age is *self-seeking*—the spirit of Reform is *self-sacrificing*."

METROPOLITAN MEDICAL COLLEGE.

THE first term of Lectures in this College commenced in March, 1853, in the very commodious rooms of the Institution, at 68 East Broadway, and continued four months. Although the Trustees and Faculty labored under many serious disadvantages, and had to combat much opposition, both abroad and among pretending co-workers, yet this first term was very successful, and gave good encouragement for the future.

It is the aim of the sustainers of this Institution, to make it every thing that Medical Reformers so fondly desire in their Colleges. They intend that the course of instruction shall be most thorough, embracing every collateral and descending to every minutia that will in any wise add to the general knowledge of the Physician. They intend that for scope, completeness, and erudition, the teachings shall be fully equal to the best Allopathic School in the land. A Museum that will embrace the widest variety of Anatomical, Pathological and Botanical specimens is to be collected. A Library and extensive Philosophical Apparatus is to be gathered together; for it is hoped that an institution will be raised here that can be pointed to from all quarters of the world, as another proud monument to the fame of strong-armed Truth,—a monument of which every Reformer will be proud, and to which the Philosophers of earth can look for authority. Do not smile at the apparent airiness of our aims. We look high, but it is only by upward gazing that the mountain can be scaled. We have a right to a position on fame's highest pinnacle, if we can reach it. The friends of the Metropolitan Medical College have resolved to make every effort to attain that proud elevation. Time will be required to accomplish so bold an undertaking, but an *iron will* nerves on the car, and *iron* labor never tires. In selecting a place in which to build a new and more firmly organized College of Reformed Medicine, the State Societies of New York and Connecticut unanimously directed their attention to this city. As the great centre of commerce and immigration, it affords facilities for medical instruction that cannot be equalled by any other city in the union. In the first place, an endless variety of clinique cases can be easily collected. In the second place, any desired amount of dissecting material can be obtained, and that at easy rates, and without those inconveniences which have been shown to exist in more inland towns. Again, all the vast Hospitals of the city are thrown open to our students on the same terms as to the students of the Allopathic Schools. The City Hospital with its ten thousand yearly patients, and the free Hospital on Ward's Island, with its seventeen thousand annual occupants, are open to daily or weekly visitation; and the Class of the College will be regularly taken to these two Hospitals by the Professor of Surgery, where they will have the utmost freedom of inspecting these vast repositories of practi-

cal medical instruction, Besides these, the Board of Trustees feel proud of having been able to obtain the services of the following gentlemen as a

Faculty.

I. M. COMINGS, A. M., M. D.,

Professor of Anatomy and Surgery.

L. BANKSTON, M. D.,

Professor of Physiology and Pathology.

J. T. COXE, M. D.,

Professor of Theory and Practice and Materia Medica.

JOSEPH D. FRIEND, M. D.,

Professor of Obstetrics and Clinical Medicine.

I. N. LOOMIS, A. M., M. D.,

Professor of Chemistry and Botany.

S. WILCOX, M. D.,

* Professor of Therapeutics and Diseases of Women and Children.

HENRY S. LINCOLN, A. M.,


Professor of Medical Jurisprudence.


These gentlemen have all been long and favorably known to the Profession, the majority of them having been for many years connected with Colleges which owe their present flourishing condition to the efforts of those teachers. This College, therefore, does not enter upon its existence with an inexperienced Faculty. Professors of tried ability, and well known educational, financial and lecturing qualifications, stand at the helm, and present a front which, we think, cannot fail to secure the confidence of every friend of Medical Reform.

And now we want this College sustained, and we turn to Physicians every where, asking them to send us students. Direct to this quarter those young men whom you find desirous of entering the Medical Profession. An account of the facilities and advantages they will find here has just been briefly presented. We are short on this point, for it is the resolve of the Trustees to disappoint students by furnishing *more* facilities than they prom-

ised. The plan of wild exaggeration will never be allowed to enter our pages.

Some may object that the terms are too high, especially when compared to the terms of other Reform Colleges. To this we can only say that the *best* of Teachers cannot be had without *good pay*. We cast no reflection upon any other Institution when we say that a *remunerative* fee must be given to those whose qualifications most richly deserve it.

 It is necessary to explain the late appearance of this first number by stating that the project for the Journal was only started on the 18th of December last. It will be seen that the time between that date and the beginning of the New Year, was inadequate to complete a publishing organization and issue the first number. An understanding has been entered into with the printer, by which, in future, we will be able to mail the Journal for every month, four days prior to its stated day of publishing, and subscribers will thus receive it regularly.

 The pages of the Journal will be sustained by the following well known writers :

I. M. COMINGS, A. M., M. D.,	J. D. FRIEND, M. D.,
I. N. LOOMIS, A. M., M. D.,	I. J. SPERRY, M. D.,
H. A. ARCHER, M. D.,	L. BANKSTON, M. D.
A. W. RUSSEL, M. D.,	E. J. MATTOCKS, M. D.,
S. WILCOX, M. D.,	MRS. L. N. FOWLER, M. D.

THANKS.—It affords us pleasure to publicly return the thanks of the Trustees of the Metropolitan Medical College to the Messrs. Law & Boyd, for the liberal aid they have rendered to the Institution. They furnish most commodious rooms, in their spacious building, on the most favorable terms, and in many other ways give a hearty and *substantial* support to the School : all of which is duly appreciated.

PILLS.

Take Pulverized Lobelia Seeds.	-	-	-	-	1 dr.
Hydrastine,	-	-	-	-	1 dr.
Ext. Dandelion,	-	-	-	-	q. s.

Mix will together, and form into 1 grain pills.

We have found this an excellent preparation for Dyspepsia depending upon an irritable stomach, when but little medicine can be borne. Two pills may be taken every day, and though the dose looks Homœopathically small, it is deserving a trial.

Miscellany.

NEW STYPTIC.

M. PAGLIARI, a pharmacien at Rome, professes to have discovered a styptic liquor of great power, and several of the officers of the French army have testified to its efficacy. M. Sedillot has also, on several occasions, brought forward cases in corroboration, and in the present paper he adduces additional ones, in some of which considerable vessels, although not those of the first class, furnished the blood. He says that it has been objected, that compression is employed by means of bandages and charpie; but this is merely to prevent the coagula which form being removed from the mouth of the vessels; and it has only to be continued for twenty-four or forty-eight hours. So little plastic is human blood, that compression alone, unaided by styptice, would have to be prolonged and forcible, that it would risk the formation of ulcers or gangrene in the parts to which it was applied.

M. Pagliari has now revealed the composition, which is as follows: Eight ounces of tincture of benzoin, one pound of alum, and ten pounds of water are boiled together for six hours in a glazed earthen vessel, the vaporized water being constantly replaced by hot water, so as not to interrupt the ebullition, and the resinous mass kept stirred round. The fluid is then filtered and kept in stoppered bottles. It is limpid, slightly styptic in taste, aromatic in odor, and the color of champagne. M. Hepp of Strasburg, has substituted white resin for the benzoin. Every drop of this fluid poured into a glass containing human blood produces an instantaneous magma; and by increasing the proportion of the styptic to the quantity of the blood, a dense, homogeneous, blackish mass results. In all cases where compression is now usually employed without much benefit being expected to result from it, and often indeed proving useless or dangerous, this fluid seems indicated.—*Bull. de Ther.*

POISONOUS DROPSICAL INOCULATION.—An accident of a singular and dangerous nature recently befel the celebrated surgeon Prof. Langenbeek, in Berlin. Having been called in to attend a Lady of high rank, in a most advanced and perilous stage of dropsy, Dr. L. deemed it necessary to proceed without delay, to puncturation, and this without waiting for other assistance. The operation was, therefore, instantly and successfully performed, and the patient, previously at death's door, relieved and saved. During the operation, however, some of the aerid discharge fell upon his hand, and was of course washed off when the work was completed; but ere long the hand, arm, throat and neighboring regions began to swell, and all the febrile and inflammatory symptoms of animal poison ensued. Vigorous remedies were forthwith employed, and the danger averted, but the Professor is not yet s

entirely recovered as to enjoy the full use of the side affected, whilst the venom has shown its lurking agency by causing eruptions on other parts of the body.

SPERMATORRHŒA RINGS.—Quite a revolution has been effected in New-England, in less than a year, by the use of a mechanical invention, instead of medication, in the treatment of a formidable malady. Heretofore, tonics, accompanied by a long series of auxiliary assistants, such as jaunts, horseback, sea bathing, a regulated diet, besides innumerable preparations of drugs, have been prescribed to arrest the effects of Spermatorrhœa, but rarely with any permanent success. It is a condition resulting, in most instances, from the indulgence of a pernicious vice. In prisons, self-pollution is nearly universal, and no ingenuity on the part of wardens or attending physicians has prevented it for any length of time. Some suffer intensely, and even die, from excessive indulgence in this vice. Schools, too, and colleges, are often the nurseries of this degrading habit, which carries many young men to an early grave, often without the true cause being suspected. The weak eyes and continued headaches so common among students at public institutions might in many instances be traced, if effort was made in the right direction, to this perpetual violation of a Physiological law. The rings, which this Journal was the first to announce, are a sure remedy for involuntary forms of the disease. Physicians are eminently successful with them. In the State Prison at Charlestown, where Dr. Bemis has given them a thorough trial, we understand they have performed many cures. In private practice, also, testimony from the most reliable sources might be cited to strengthen the medical public's confidence in this simple and only effectual relief in these cases. Dr. Cheever has shown us another improvement of the instrument. It is far lighter than the former patterns, and the middle ring is better balanced in the centre of the large one. The simplicity of the adjustment to any sized organ, makes it more economical, too, which is a consideration not to be overlooked. We admire the ingenuity displayed in the manufacture, and predict, from the great success that marks their application to severe and long-protracted cases of individual suffering, that the rings will be very extensively used in other parts of the world as well as in America.—*Boston Med. and Surg. Journal.*

[The Spermatorrhœa Rings can be obtained at the Pharmaceutical Institute of our friend B. B. Williams, 41 Carmine Street, N. Y.—*Ed.*]

THE CHOLERA IN ENGLAND.—As in former visitations of the cholera, the medical faculty disagree upon the best mode of treating it. No plan seems to be attended with any good degree of success, and 2000 persons have already fallen victims to the disease in Newcastle, and its neighborhood.

This is a humiliating acknowledgement to make after the existence of cholera in the world for so long a time, and the familiarity of European and American physicians with it for nearly a quarter of a century. The remedies proposed are numerous; but, as on former occasions, each new method, although succeeding wonderfully in the hand of its discoverer, somehow seems to lose its peculiar efficacy when employed by others. But this should not discourage further efforts—nor should the new remedies which are brought forward from time to time, be rejected without trial because they are new. Dr. Richardson, of Woolwich, England, recommends in the *Lancet* a treatment consisting of, first an emetic of 15 grains each of sulphate and ipecac., repeated in ten minutes, and followed in twenty minutes (in collapse) by placing on the tongue 20 or 30 grains of calomel, and repeat from 2 to 10 grains every twenty or thirty minutes. Beef-tea injections to be given, and cold water or ice to be swallowed; to be followed by 20 grains of rhubarb. Dr. Cooper of the Bloomsbury Dispensary recommends the sesqui-carbonate of soda and laudanum in the early stage. Another recommends chloroform; another, croton oil; another, the use of acids; another, in the choleraic diarrhoea, rough cider.”

INTEMPERANCE AND THE YELLOW FEVER.—A Physician writing from New Orleans, to the Boston Med. and Surg. Journal, in regard to the Yellow Fever says;

“The epidemic came down like a storm upon this devoted city, with 1127 dram-shops in one of the four divisions in which it has been divided. It is not the citizens proper, but the foreigners, with mistaken notions about the climate and country, who are the chief supporters of these haunts of intemperance. About five thousand of them died before the epidemic touched a single citizen or sober man, as far as I can get the facts.”


Ed. The Small Pox is still very fatal, on the Sandwich Islands. The number of cases up to the 9th of September, was 5046, of deaths there had been 1805.

[We clip this from the Boston Med. and Surg. Journal. The proportion of deaths, in this epidemic, is a little more than one in every three. This is if we remember rightly, the most startling fatality on record. In Dr. Watson's account of the several epidemics of Scotland and France, the proportion of deaths is, one in every five. It would be highly interesting to get statistics of the success of the Reformed Practice, and we would request that all who have had any cases of this disease, will draw up a report of them, and forward to the Journal.—*Ed.*]

MANUFACTURING SALMON.—Ponds for this purpose are situated on the banks of the river Tay, in England, near Stonemountfield, and spawning-boxes have been erected sixteen feet above the summer level of the river. The water which supplies the ponds is carried by a pipe with a valve into a filtering-pond; thence it is carried by a canal along the upper end of the spawning-boxes, through which it runs. These boxes are 84 feet long by one foot six inches broad, and three feet deep. They are placed with a fall of six inches, so as to allow the water to flow freely through them, and are partly filled—first with a layer of fine gravel, next coarser, and lastly with stones, somewhat coarser than road metal. In distributing the ova, it is gradually poured out of the vessel which holds it, at the upper end of the box. The water flowing downwards carries it among the stones, under which it settles down, and by gently applying a few buckets of water at the upper end of the boxes, the ova are taken down and distributed equally among the gravel. When the young fry are in a proper state, they are allowed to escape into a pond situate at a foot lower level than the boxes, where they will be fed, and allowed to remain, until such time as they are in a fit state to be turned into the river. This pond is not yet made, but will be finished by the time the fry are hatched. Great care is taken to prevent any animal entering with the water that would prey upon the young fish.

The mode of putting the ova in the spawning-boxes is as follows: The fish are caught in the Tay, and the operator, taking a female in his left hand draws his fingers firmly down both sides of the belly of the fish, when the ova flows in a stream into a tin box prepared for the purpose, in which there are a few inches of water. The fish is then instantly returned to the river, and darts away as nimbly as if nothing had happened to it. After the ova have been washed by water being poured on and off, the male fish is brought, and undergoes the same manipulation as the female, only a small portion of the milk being required. On the milk being shed, a slight change takes place in the color of the ova, which becomes paler. Water is again poured on and off, when the operation is complete. The ova are then poured into round tin cases and carried to the ponds. In March, the fry burst their shells, and the manufactured salmon duly make their appearance.

ORNITHOLOGICAL MATCH.—In a parish near Edinburgh, the whole neighborhood has been put in a *flutter*. Miss Henrietta *Peacock* espoused Mr. *Robin Sparrow*, the bridesman being Mr. Phillip *Hawke*, and the bridesmaid Miss *Larkin*. The marriage was consummated by the Rev. G. *Crow*.

 Mrs. Charles Martin, of Richmond in Texas, recently gave birth to a male child that weighed eighteen pounds and three-quarters.



METROPOLITAN MEDICAL COLLEGE.

The second course will be opened on the second Monday of the coming March, at the Hall, 68 East Broadway.

The whole fees for matriculation, Museum, Hospital privileges, and Lectures in all the departments will be,	-	-	-	-	\$100,06
Graduation fee,	-	-	-	-	20,00

Indigent Students may make private agreement with the Faculty, so that they may secure their attendance on less terms.

THE Journal of Medical Reform.

FEBRUARY, 1854.

Selections.

From the Dublin Medical Press.

DEATH FROM AIR ENTERING THE UTERINE VEINS AFTER PARTURITION.

BY A. M'CLINTOCK, M. D.

WRITERS on medical jurisprudence recognise three diseases which may rapidly extinguish life and leave no morbid appearance; which are, the simple apoplexy of Dr. Abererombie, syncope, and asphyxia. No unequivocal instance of the first in puerperal patient, has come to my knowledge; but, of the latter two, some instances may be adduced. Idiopathic asphyxia causes death almost instantaneously, or in a few minutes. The symptoms are those of fainting; and the only appearance in the dead body is flaccidity of the heart, with unusual emptiness. Of this an example has been recorded by Dr. Beatty.

M. Chevallier's original paper on the disease was published in the first volume of the "*Medico-Chirurgical Transactions*," and he there narrates an example of sudden death from this cause, in the person of a lady who had given birth to twins about three hours previously. He himself conducted the *post-mortem* examination of the body, and from what he there found, he inferred that death could only be attributed to this peculiar species of asphyxia. The same author also cites from Morgagni a case of rapid death in childbed, in which the necroscopic appearances led him to think that the woman's existence was terminated from the same cause. I am much indebted to the kindness of Mr. Barker, of Cumberland-street, for the permission to mention here the circumstances of two cases that came under his own observation some years ago, which serve very forcibly to illustrate this part of my subject. In each of these cases, death took place quite suddenly and unexpectedly, not very many days after delivery. In both instances a coroner's inquest was held, which was the occasion of Mr. Barker's knowing anything about them. As may be well supposed, he submitted the bodies of these women to a

very extensive and close scrutiny, but he failed in discovering anything to account for death, except an unusual flaccidity of the heart, with a complete absence of blood in its cavities. We may fairly conclude with him, therefore, that dissolution was the result of idiopathic asphyxia, or of some cognate syncopal affection.

These cases require no comment. The evidence they contain of death having been produced by the operation of a cause similar to that pointed out by M. Chevallier, is, to my mind, conclusive. That there are not more instances of the kind to be found recorded may in some measure be accounted for by the attention of observers being too exclusively directed to the abdomen in their examination of these cases *post mortem*; and secondly, from the fact of the subject of M. Chevallier's paper not having been, as generally known and understood, what it ought to be. If the actual possibility of such a cause of death as this be admitted, there is no reason that I can see why a puerperal woman may not be the subject of it. Further, if we look upon the idiopathic asphyxia of M. Chevallier as nothing more than a variety or form of syncope, the liability of its invading a woman in childbed becomes still more apparent, from the state in which her constitution is left by the act of parturition—a state of which the prominent characteristics are, an unusual proclivity to diseased action—an excitable condition of the vascular, and morbid susceptibility of the nervous system. The shock of labor is not recovered from for many days, and during this period (the length of which necessarily varies under different circumstances) the *vis vitæ* is minus: hence, any impression of a severe kind, whether affecting the mind or body, is not met by some vital resistance as at other times. With these well-known facts before us, there need be little hesitation in our drawing the conclusion, that many of the unexplained cases of sudden death in the puerperal state, are to be ascribed to idiopathic asphyxia, or fatal syncope.

Let us now pass on to the consideration of some of the other reputed causes of this catastrophe. It is an acknowledged law, that protracted pain exhausts the principle of life, and in this way it is attempted to account for some of the anomalous cases of speedy dissolution after delivery. Touching this point, Mr. Travers has given some observations which it would be culpable to omit, coming from so high an authority. "Pain," says this author, "when amounting to a certain degree of intensity and duration, is of itself destructive. Difficult and protracted parturition is, every now and then, fatal from this cause: and even in cases in which neither extraordinary difficulty nor protraction was experienced, a fatal prostration has sometimes supervened which has admitted of no other explanation. The delivery has been complete, without any degree of physical injury, and not more than an ordinary quantity of blood has escaped from the vessel of the uterus. Yet the woman, in spite of the encouragement derived from the consciousness of safety to herself and infant, and of comfort from the conclusion that her sufferings were

at an end, has never rallied either in strength or spirits, but after an interval, not exceeding a few hours, passed in a low and sinking state, has unexpectedly, and with little perceptible alteration, expired."

In a large proportion of the cases, where this state of prostration or collapse has manifested itself, there had existed, some time previously, a strong mental impression or foreboding of disaster, which presentiment, as it is termed, must have contributed materially in bringing about the fatal result. That a lengthened occupation of the mind by one dominant idea of a gloomy character should exercise a marked depressing influence upon the vital energies, is a fact of which every physician is fully aware, and of which there are innumerable examples on record.

About the year 1808, Le Gallois, in the course of some experiments upon animals, observed, in three different cases, air to penetrate into the vena cava from the uterine veins, and that this was followed by instantaneous death. His son, writing twenty-one years afterwards, viz., 1829, after citing these experiments, asks this question: In many of the cases of sudden death after delivery, might not this event have been caused by the entrance of air into the circulating system through the uterine vessels? We find Oliver repeating the same suggestive query in 1833, in the article 'Air' of the '*Dictionnaire de Medecine*.' Since then, the advance of obstetric knowledge has placed nearly beyond a doubt the possibility of such an occurrence, and thus added one other to the manifold causes of death in the puerperal state. To Dr. Rose Cormack belongs the praise of having elucidated this very obscure subject; and of his instructive essay I have largely availed myself in the subjoined remarks. His experiments and reasoning, together with subsequent observations, justify our drawing the following conclusions: 1st, that the admission of a certain quantity of air into the current of the circulation is capable of destroying life almost instantaneously—a fact, indeed, which the records of surgical practice fully corroborate; 2dly, that the possibility of air occasionally finding an entrance into the vascular system through the uterine vessels, seems highly probable; and 3dly, that in some few instances of sudden death soon after delivery, the only cause for the catastrophe which a minute inspection of the body could discover, was the existence of air-bubbles in the heart and vena cava.

It would be irrelevant to my present purpose to enter into the general question of the history and pathological effects of the presence of air in the veins. Those who are desirous of an enlarged acquaintance with this interesting topic, I would beg leave to refer to an essay by the late Dr. John Reid, published in the same volume with his other researches. This will be found to contain a most able and comprehensive analysis of all that is known on the subject.

The mechanism, so to speak, by which the introduction of air into the uterine veins can be effected, admits of being explained in a few words. The veins of the gravid womb present four remarkable

characters—namely, their extraordinary large size; their freedom of inosculation; the total absence of valves; and their termination on the internal surface of the uterus, at the site of the placenta, by large open orifices. If the uterus be examined soon after delivery at the full term, the majority of these apertures will readily admit a goose-quill, and some will even allow the little finger to penetrate without laceration. During contraction of the uterus, all these openings are hermetically closed, but when it is relaxed they again become proportionately more or less patulous. From this it is manifest that the same condition of the organ which causes flooding, is exactly that which is indispensable for the ingress of the air; so that the latter, when it does take place, is almost of necessity preceded or accompanied by hæmorrhage. This fact is of some value, viewed in connection with the history and progress of those cases where it was supposed that air had gained admission into the circulation through the uterine veins after delivery; for Amussat found, in his experiments upon the entrance of air into the venous system, ‘that the period of death was hastened considerably in those animals whose vessels had previously been depleted of part of their blood.’—(Reid.) But it will naturally be asked, does the air ever gain access to the uterine cavity, for otherwise it could not possibly find its way into the vessels of the womb? This question, I am of opinion, can safely be answered in the affirmative. Confining ourselves to the simple matter of fact, it may suffice to state, that professor Meigs assures us he noticed the expulsion of air from the uterus immediately after delivery, ‘a great many times.’ Dr. Rose Cormack has made the same observation; and I have myself remarked a similar occurrence on at least three or four different occasions. Dr. Meigs in his lecture to his Class, minutely describes the process by which the air is drawn up into the uterus; but it is unnecessary here to quote his remarks. With these considerations before us, then, we are in a position to adopt the language of Dr. Cormack:—‘I have therefore (writes this gentleman,) not only no difficulty in believing, but am constrained to admit that, should any impediment be offered, in such cases, to free exit of air by the os uteri, it must be forced into the uterine veins, with their mouths not protected by coagula; and thence it would rapidly pass, by the current of the circulation, up the vena cava into the right auricle.’

The intensity of the symptoms, when the air is taken up by the uterine veins, would seem, in other cases, to depend very much on the quantity, and on the condition of the patient. Death may ensue in a few moments from the rapid distention of the right auricle with air, and its consequent inability to contract. This first danger over, she may still perish at a remote period from asphyxia, induced by gradually augmenting pulmonary obstruction.

Dr. Cormack refers, in support of his views, to seven cases from different authentic sources, in all of which death was supposed to have been more or less directly occasioned by the passage of air

through the uterine veins into the vena cava and heart. These cases, taken collectively, form a body of evidence which it is hard to refute. In six of them, the presence of air in the veins was demonstrated on inspection of the body, and no one of these cases exhibited any other morbid lesion adequate to account for death. In all, with a single exception, where there was prolonged retention and putrefaction of the after-birth, the fatal event took place within a very few hours after parturition. The symptoms which presented themselves in these cases were very various; and those most frequently observed were by no means pathognomonic. Great anxiety of countenance, embarrassed respiration, with a sense even of impending suffocation, and a weak, rapid, faltering pulse, seem to have been the prominent features of the cases where there was time for the development or observance of symptoms.

Besides the seven instances above alluded to as being adduced by Dr. Cormack, I find another recorded in the '*Provincial Medical and Surgical Journal*,' for November 27, 1850, by Mr. Berry. The leading features of this case it may be well to give. A woman æt. 22, was delivered of her first child after a natural labor, at seven in the evening of June 17, 1850. The placenta came away in twenty minutes, unattended by any immoderate loss of blood. At half past eight she expressed herself comfortable, and at eleven took some gruel. At one o'clock of the same night, her husband, who lay in the same room with her, became alarmed by the patient's difficult breathing and feeling of faintness, and immediately sent for her medical attendant, but before his arrival, at two o'clock, she was dead. She lived seven hours after delivery. 'The cause of death could not be accounted for, as there was no hæmorrhage, and apparently nothing in the condition of the patient to prognosticate such a termination. . . Upon opening the abdominal cavity, the uterus was seen midway between the umbilicus and pelvis, the peritoneum covering it, and the intestines healthy, but pale; the stomach contained a small quantity of fluid; liver healthy; the kidneys presented a granulated appearance, and the urine which remained in the bladder was ascertained to be, by the application of heat, slightly albuminous. Upon cutting into the uterus it was found empty, and the vessels where the placenta had been attached, patulous; the vagina contained, at its superior part, a moderately-sized clot of blood; within the chest, both lungs contained scattered tubercles within their upper lobes; the heart was the size of a male heart, and apparently distended. Upon making an incision into it, a gush of air escaped, and the organ became flaccid: no blood was found in its cavities. About an ounce of serum was observed in the pericardium. The brain was healthy in every respect. No signs of decomposition existed in any part of the body.' From the remarks of the writer of this case, it is plain the impression on his mind was, that the immediate cause of death could have been no other than the air in the heart. If this conclusion be

denied, we are met by the question—How, then, is the woman's sudden decease to be accounted for? It is hardly possible, I think, that the granular disease of the kidneys which she appears to have had, could have brought about the fatal event. This, however, I leave for the Society to determine. One point in the case deserves some consideration before admitting it to possess any value, and it is this, the examination of the body was not made for at least fifty hours after the woman's death, which, be it remembered, took place in the month of June. Mr. Berry has expressly stated that there were no signs of decomposition present; still, the fact I have mentioned diminishes in some degree, perhaps, the importance that would otherwise justly belong to the unusual circumstance of air being present in the heart. Dr. John Ramsbotham narrates a case which I am tempted to introduce here, from the resemblance, in many of its features, to the foregoing history, and from the presumptive evidence it affords that if special search had been made for it, air might probably have been found in the heart, and thus explain the cause of the patient's unexpected death. It was the lady's first child, and the labor was tedious, requiring the use of the forceps. 'A dead child was soon produced into the world without any particular difficulty or accident, and as soon as it was born, a quantity of offensive gas, with that olive colored fluid elsewhere mentioned, escaped from the vagina. Uterine action did not seem disposed to return, and after waiting some time, a separated placenta was withdrawn. After this the uterus felt well contracted, and the woman was left in a favorable state between two and three o'clock. In the evening my friend called to inform me that this poor woman had died very suddenly and unexpectedly between five and six. All he knew about the matter was, that he was called in a hurry to the poor woman, who was represented to be in a fit, but found her dead, with her belly much swelled. Anxious to learn the cause of so melancholy an occurrence, leave was obtained to open the body, which was inspected the next morning. . . . On dividing the parietes the intestinal canal was seen somewhat distended with gas, but the rest of the viscera were healthy. The uterus was much extended and felt flaccid; and on pressing it a quantity of fetid gas escaped per vaginam; after its escape the organ became still more flaccid. On opening into its cavity there was only one small coagulum at the os uteri. The appearance of the uterus on dividing the abdominal parietes was not unlike one at the fifth or sixth month of pregnancy. I must confess (continues Dr. Ramsbotham) that before the uterus was handled or opened I suspected death to have been occasioned by internal hæmorrhage: that certainly was not the case.'

Now from what has preceded, it may be safely asserted, that if the possibility of death from the admission of air into the uterine veins be not established on conclusive evidence, enough has still been adduced to show the absolute importance of making special examination for its presence in all obscure cases of sudden death following

parturition. In conducting this examination our attention should be chiefly directed to the heart and vena cava. If air exists in the latter, it will probably be discoverable through its coats; at all events, before cutting into it the heart should be taken out. Previously to doing this the great vessels leading to and from the organ should be tied, and then after its removal the right auricle and ventricle are to be carefully opened under water, by which process the escape of any air will at once be demonstrated.

There are strong grounds for believing, as has been already hinted, that the idiopathic asphyxia of M. Chevallier is merely another name for syncope. Discarding all preconceived opinions, and looking only to facts, we find very many examples recorded of sudden death from fainting, in which the condition of the heart was precisely similar to that described as having existed in M. Chevallier's cases. The decision of this question, however, does not affect my present object, nor the remarks which I have ventured to offer, though I admit that it is one of no small interest and importance.

From the Medical Times.

THE BILE.

BY H. BENCE JONES.

(THE bile has long been a subject of the greatest speculation on the part of physiologists, and there is scarcely any theory which has been advanced on the properties of the bile, which has not been defended by some writers. Dr. Jones compares it more to a kind of soap than anything else, and proceeds to enquire:)

What is the physiological action of the bile? The most opposite and the most important actions have been attributed to it. It has been said to promote digestion, and to stop digestion. Some say that it neutralises free acid, thus lessening irritation; others, that it increases the peristaltic action of the bowels, thus increasing irritation. It has been said to be partly absorbed into the system to support respiration, by furnishing a highly carbonaceous body. Some have said that it promotes the absorption of fatty substances; and by others it has been said to have no action upon fats at all. To solve these questions was the difficulty. Experiments were tried by tying the common duct through which the bile passes: but this is not the way to arrive at a satisfactory result. If the bile is not suffered to pass, a stoppage is put to the functions of the liver; the whole order of the system is thrown out, and general disorder is produced. In 1844 a new mode of experimenting was begun by Schwann, who collected the bile without allowing it to pass into the intestines, by means of an opening similar to that which I mentioned in the case of the pancreatic duct. The action of the liver thus went on as usual, and all the functions of the body were performed without impediment. Twelve dogs lived from sixty-four to eighty days without any bile passing into the intestines: one dog, thus experimented upon, lived

four months, and another, belonging, I believe, to M. Bernard, lived a year in this state. It was found that dogs thus treated ate much, and digested badly, partly in consequence of the unnatural fistulous opening. They did not loose much weight at first; but after a little time they lost their appetite, became thin, and ultimately died. The bowels acted as regularly and perfectly as if the bile had passed in the usual manner. Professor Nasse had a dog that lived from the 12th of August to the 27th of January. The quantity of the bile varied with different kinds of food between 31 grains and 370 grains daily, with from 16.44 to 19.19 per cent, of solid constituents. Less was secreted when the dog was ill. The dog eat much, digested badly, did not lose weight at first: afterwards lost its appetite, and then became thin. M. Blondlet had a dog that flourished for three months. The bowels acted twice daily.

Even in human subjects, it has been found that when a fistulous opening has been made, owing to perfect obstruction of the common duct, by inflammatory action, the bowels have continued to act when the bile did not pass,—showing that the bile is by no means indispensable for their action.

Many experiments were tried with dogs, as to the quantity of bile secreted. The influence of medicine was also tried: and it is interesting to us to know that the action of mercury was decidedly to increase the quantity of bile secreted, as has long been held by medical men. If animals can live for a year, enjoy tolerable health, and digest their food, without any bile passing into the intestines, the importance of bile, and its necessity for the purposes of digestion, have been exaggerated.

The action of the bile out of the body on the different constituents of food, tends to precisely the same results as we have seen obtained by experiments in the body. Bile, when mixed with neutral fat or with oil, is found to have no chemical action whatever. It makes a sort of emulsion only, not quite so good as that produced by the pancreatic fluid. I added to solutions both of pancreatic juice and bile, equal quantities of water and oil, and then left them, after agitation, for some time, to see which produced the most enduring emulsion. You see them here; both have caused the fatty matter to be minutely divided: but I think the pancreatic fluid has divided the best. When fresh out of the body bile has no action on starch; it does not change it into sugar, as we saw the saliva did. When, however, it is allowed to decompose, it has a slight action upon starch; but not more than all animal substances have. It has no action on cane-sugar until after it has stood for a considerable length of time, and then the cane-sugar is converted into acid. With grape-sugar, if left for any length of time, it forms lactic acid; but so do all other animal substances when in contact with sugar. It has no action, even when acidulated on casein, or on the albuminous substances which constitute our food.

It has been said that the liver purifies the blood by removing a

large quantity of carbonaceous substance from it. To determine this by absolute experiment was a matter of great difficulty ; but Schmidt has endeavoured to solve this question by experiments on forty cats, thirteen geese, many sheep and rabbits, in which he made fistulous openings into gall-ducts for the purpose of collecting all the bile, and of determining the proportion between the quantity of carbonic acid thrown out by the lungs and the quantity of carbon in the bile. He passed a tube into the gall-duct, and could measure how much gall came out per hour ; and he could determine the composition of the bile by burning it and collecting the carbonic acid. He made, at the same time, comparative experiments on the respiration, some of which I shall have to detail to you in a future lecture : and he came to the conclusion that not more than from one-tenth to one-fortieth of the carbon which passes out of the body passes by the liver, and that therefore the liver has no considerable action in freeing the blood from carbonic acid or carbon. He found that eight-ninths or nine-tenths of the carbonaceous matter remains in the circulation, and does not pass out by the bile at all, but is thrown out through the lungs ; a small portion, however, must escape in the urine, probably not much less than passes out in the bile. But I am unable to give you the proportion of carbon in the urine and bile daily excreted, from want of experiments.

What, then, in conclusion, are the uses of the bile ? I have shown you that it is an alkaline fluid, and a body resembling soap. If soap is brought into contact with an acid, you know what happens : the alkali of the soap and the acid combine, and the acid of the soap is set free and precipitated. So also, is it in the bile. If I take human bile, and mix it with acid, (as you see in the experiment with sulphuric acid,) a greenish white precipitate is formed. Let me show you what would happen to human bile, if mixed with the acid secretion of the stomach. This I can do by adding dilute hydrochloric acid to a portion of bile, or better still by mixing some of the clear fluid obtained from the contents of the stomach, which I showed you in my lecture on the gastric juice ; by both a precipitate will be immediately produced. The alkali which exists in the bile goes to the acid ; it neutralizes so far, the acid reaction coming from the stomach : and it precipitates the insoluble acids, which give rise to choleidinic acid, and even to that still more insoluble substance dyslysin, in its passage through the intestinal canal. It appears to me, that one great action of the bile is to furnish an alkaline fluid, which, when mixed with the acid secretion that has served the purpose of dissolving the albumen, will neutralize it, and lessen its acidity, so as to prevent it from producing irritation and increased action of the intestinal canal. That the stomach can actually bear much stronger acid than the bowels, is known to most medical men. That the acid does not pass rapidly out of the stomach I am convinced by the following experiment :—To an adult man I gave 162 grains of dry pure tartaric acid dissolved in two ounces of water. No pain

was felt for three hours; no food was taken during this time; and, without doubt, all the tartaric acid would in these three hours have been absorbed, or would have passed out of the stomach. At the end of this time a pain in the bowels began to be felt, and at the end of the fourth hour there was very considerable pain, coming on in paroxysms. At the lapse of about five hours, if the bowels had been allowed to act, they would have acted from the acid thus taken. A repetition of the experiment, with 84 grains, gave precisely the same results. When the acid entered the bowels, pain began to be felt, and, if the bile in plenty had been poured out, the acid would have been neutralized, in part at least; the alkali would have combined with the acid; the insoluble bile acid would have been formed as a precipitate, and been thrown out of the body. If this be so, sluggishness of the liver, a deficiency of alkali poured into the duodenum, becomes a reasonable cause of excessive acidity of the intestines; the gastric acid required to dissolve the albuminous food, if sufficient bile is not formed, will pass into the intestines, and produce irritation and increased action. The physician has long held, that want of action of the liver gives rise to acidity, and that alterative medicines correct this state.

But the very great size which the liver attains in the foetus appears to indicate that it performs some additional action independent of food and of digestion. This additional action has been said, by German physiologists, to be the reparation and the formation of blood globules; but is by no means proved. It seems to me much more probable that it is for the purpose of neutralizing the acid, and probably also, for the purpose of removing, when requisite, some of the carbonaceous substances; in certain states compensating for the action of the lungs, though, in ordinary states, removing much less carbon than has been said. The bile gives water, moreover, to dilute the chyle; it tends to the subdivision, in some degree, of the fat and the oil of our food. It acts upon the free acid of the intestines; and some of it may be possibly absorbed, and pass into the circulation again, as Professor Leibig originally conjectured. It is not nearly so important as the gastric juice, which dissolves the albuminous part of our food, or the pancreatic fluid, and the salivary fluid, which convert all the insoluble starch, as I have shown you, into soluble sugar. Lastly, the importance of the bile in forming sugar from fat, is one of those facts which cannot be overrated. By this discovery of M. Bernard's, very important knowledge relating to the physiology and pathology of man will be obtained during the next few years; at least there can be little doubt, that the disease known as diabetes, if not closely connected with this production of sugar in the liver, must at least be influenced by it to a very considerable extent.

NOTE.—In connection with the above interesting article the reader should examine the opinions and experiments of M. Blondlot, among the *Miscellanies*. These views are well deserving of a very careful perusal. *Ed.*

ALLOPATHIC ERUDITION.

It has been sagely asked, "Who can decide when doctors disagree?" and really in the present fierce squabble between Allopaths and medical Reformers, we find a disagreement that bids fair to prove a cause of distraction to the minds of "common people." The Allopaths assert that we are *quacks*, knowing nothing of Physic, and not even possessed of "*common*" sense; while they know *all* that ever can be known of medicine, and are so stuffed with science as to be infallible oracles. We claim that their theory of the Healing art is all wrong, and built upon false data from the very foundation, and that in consequence, their practice is unskilful and very injurious. In this fierce and distracting squabble we had began to look around for some point, principle or standard to which the combatants might be brought for judgment, but most fortunately we are relieved from this task by the confessions of *one of the parties*. And believing that the most convincing proof is that in which a man condemns himself out of his own mouth, we select the following articles from the pages of the January number of the *New York Medical Gazette*, edited by D. Merideth Reese, M. D., LL. D., the great Allopathic gun in this city. We leave our readers to peruse these articles without comment on our part, and then let them say if there is not "something rotten in Denmark."

"THE LAST TURN OF THE WHEEL OF QUACKERY.—That we are a *rapid*, not to say fast people, we believe is acknowledged on all hands, in all the States of this goodly Union, and in every circle of society. We are *rapid* in dollars and cents; rapid on land and on sea; rapid in eating and drinking and thinking; but our rapidity in making doctors is above all things wonderful. Rapid as all our medical institutions have heretofore been in this line, they are all outstripped by the rapidity of a quondam professor in a defunct "Medical Institute," who has been conferring the A. M., M. D., D. D., LL. D., etc; all alone by himself, just across the river, over in Arkansas, for twenty-five dollars good and lawful currency. Twenty-five dollars is a good price for the *sheep skin*, but it must be admitted that it is *rather low* for the *medullum philosophiæ*. We suspect, however, that these doctors have not much of the *marrow*, but an abundance of the *sheep skin*, and with heads to correspond they may do for a while.

"We shall look forward with great interest to the next edition of the 'Arkansas Swamp Doctor.' We trow the sprightly author will have no lack of truth stronger than fiction, if he records the doings of these \$25 medicos. Be it known to all who may feel any interest in the subject that the so called "medical institute," yielded up the ghost in this good city of the Bluffs some time back. After struggling through an asthmatic sort of existence, it died, and died so effectually that we presumed not even the "Rappers" would be

able to summon its ghost from the vasty deep of medical quackery. But these are strange times in which we live, and perhaps some old *Fox*, having been graduated in *quackery*, before his departure from this world has assumed the shape of a live professor, and is now prowling about Arkansas speculating in credulity and woe. As in the olden time evil spirits were east out by adjuration and exorcism, by suffumigation, lights, cutting the air with swords, sacred herbs, odors, &c., we do recommend to the citizens of the State of Arkansas in general, and the town of Augusta in particular, the free use of Pix Liquida, with the usual accompaniment, rail and feathers, in order to exorcise the sheep skin doctors that are infesting that fair region.—*Memphis Medical Recorder*."

Upon this the *Medical Gazette* remarks, "The foregoing western phillipic against quackery proves that the march of empire lies westward of New York, and that they are only imitators of *our* quacks out in Tennessee and Arkansas. Talk of the "Swamp Doctor" selling diplomas for 25 dollars indeed! Why we have had them sold here for less than that sum. It is only a few years since Dr. Gray, now the prince of Homœopaths of this city, was selling diplomas for *ten dollars*! veritable sheep skins, conferring M. D., and other degrees on every blockhead who could raise the fee. In this latitude nobody talked of "riding him on a rail," or "tar and feathers," as does the western editor. The County Medical Society simply met and expelled both him and his confederate Dr. Baxter, from their fellowship. The record is still on the books of the Society, although they were subsequently reinstated on confession and promises to sin no more. Since then we believe the trade has been continued by the "Fire King" and there are a number of Doctors, or Homœopaths, whose only authority or qualification is derived from these counterfeit diplomas, bought of one of the parties for 10 dollars, and in case of "indigent young men," half price was charitably taken. We have seen these sheep skins, and they were of immense size, exquisitely engraved, in the Latin language, and purported to be issued by authority of a University some-where in Indiana, of which James Arlington Bennet was the Chancellor, by whom we suppose the afore-said New York agents were appointed. The western aspirants for a degree could even now buy diplomas in New York for any biped or quadruped, cheaper than of this Arkansas Swamp Doctor. *Vive la bagatelle*."

TO DISGUISE THE TASTE OF MEDICINE.—We should prepare the mouth before instead of after swallowing nauseous medicines, in order that their taste may not be perceived. Aromatic substances chewed just before, as orange or lemon peel, &c., effectually prevent Castor Oil being tasted.

Original Communications.

NOTES ON ACUTE GASTRITIS.

GASTRITIS consists in an inflammation of the mucus membrane of the stomach, occasionally extending to the fibrous and serous coats. It is generally found connected with an inflamed condition of the mucus membrane of the bowels, which complication is termed Gastro-Enteritis. In autumnal Intermittants, Gastritis is a very frequent complication. In simple Gastritis, death seldom occurs until some portions of the stomach have become gangrenous.

Symptoms.—A sharp, lancinating, burning pain in the epigastric region; nausea and violent vomiting; intense thirst for *cold* drinks, but *warm* fluids are immediately ejected from the stomach; breathing short, for the reason that full inspirations force the diaphragm upon the stomach and increase the pain; pulse slow and hard, and a low form of fever present; abdomen very tender; tongue red around the edges, the middle being covered, with a dry, yellow-white mucus.

Diagnosis.—A correct diagnosis is of the utmost importance, for if this disease is confounded with any other intestinal disturbance, the most *fatal* consequences may ensue. It is to be distinguished from colic, cramp and flatulence, by the following features:—

GASTRITIS.

Pain *greatly increased* by pressure upon the belly.
Violent vomiting.
Pain continuous.
Patient lies on the back, with knees flexed, and no change of position.
Warm drinks increase the vomiting.
Skin hot and dry.
Pulse small and tense.

COLIC.

Pain *relieved* by pressure upon the belly.
Vomiting very rare.
Pain intermitting.
Sits up with the body bent forward, and writhes about.
Warm drinks give relief.
Skin moist and cool.
Pulse natural.

Treatment.—The exhibition of the usual equalising remedies is not allowable. Cool and demulcent drinks are the only means which can be used internally, and the practitioner must place his chief dependence upon external appliances. A disregard of this point will be attended with serious consequences.

Wring a sheet out of tepid water in which some Tincture of Lobelia and Soda have been put, and carefully wrap the patient in it, keeping him there until he perspires freely and the pulse begins to soften. This pack may be repeated at intervals of six or four hours if necessary. In very severe cases, where there is a rapid tendency to gangrene, a small proportion of Tinct. Capsicum may be added to the water. Bathe the feet with Cayenne water, and rub the limbs briskly with the same; but do not disturb the patient's position, except when the packs are being changed.

Admit the freest use of cold and mucilagenous drinks. Elm water, solution of Gum Arabie, Irish-moss water, Flaxseed tea, and similar preparations, cooled with a little ice, are to be given. But avoid giving fluids that are so cold as to occasion a sense of chilliness.

If Enteritis is complicated, use *large* injections of starch or elm water. Convalescence is to be nursed carefully for several days, using infusions of Mallows, Maiden hair, &c., with Scullcap and Raspberry. If the bowels are costive use enemata of water, but give no cathartics whatever.

The active course of the disease calls for an active use of these means.

A CASE OF OBSTETRICAL PRACTICE.

BY E. J. MATTOCKS, M. D.

ON the night of the 28th of December, 1853, I was called to attend Mrs. A.—— in her second accouchment. On making enquiries I learned that in her former labor she had had a very tedious and painful sickness, suffering a great deal and sinking almost to the door of death. The cause of this painful illness was owing to the case being one in which the feet presented, and her physician, (Dr. Belcher,) resolved to leave *every thing* to the efforts of nature. The labor progressed very properly until the head arrived in the superior strait, when every pain ceased. The head remained there for more than two hours, the Doctor refusing to give any uterine remedies, though pleadingly requested to do so. Finally, he determined to take the child away by pulling, and after tugging at it until the head was stretched to a great length, he succeeded in presenting the almost ruined mother with a dead babe. Naturally dreading the repetition of such treatment, she had concluded to try the Reformed Practice, and for this end called upon me.

On examination I found that in this case also, the feet presented. It will readily be seen that my situation was rather a trying one; for so great was the patient's dread of feet presentation, that she felt she could not live if it occurred again. Soothing her as much as I possibly could, I proceeded to give six grains of the Caulophylline, and then placed her on the seat in a recumbent posture. With the first pain the feet were taken, with the second the knees, and with two more pains the body was born.

The pains now ceased entirely, and the head lay imbedded in the Pelvis, as in the former labor. After waiting fifteen minutes and finding the pains did not return, I gave her a table-spoonful of the Tincture of Lobelia. In five minutes the uterine contractions recommenced, and with the first pain the head was expelled. The child, however, was still and to every appearance dead; but resolving to use every effort to save it, I began to strip the umbilical cord

from the mother toward the child, leaving the Placenta still attached in the Uterus. In about twenty minutes the child began to show some slight signs of life, and I continued the manœuvre until the flooding gave notice the Placenta had been detached. I then took it away, and placed it (the Placenta) in a basin of *hot* water, and continued stripping the cord from the organ towards the child, occasionally using frictions over its body. By these means the circulation was restored, and in about three-quarters of an hour I had the satisfaction of presenting the parents with a living babe, weighing nine pounds. Both child and mother are doing well.

New York, Jan. 17, 1854.

FEMALE MEDICAL EDUCATION.

BY MRS. LYDIA F. FOWLER, M. D.

WE often receive letters from Ladies residing in different parts of our country, asking for an opinion with reference to their entering the medical profession; the qualifications needed for a practitioner, and the probabilities of their success. As this subject is yet in its infancy, and is one destined to occupy the attention of the public mind more and more, as progressive principles are more widely disseminated, it may be interesting to those who have any idea of embracing this sphere of usefulness now opened to Woman, to have a few suggestions offered for their special benefit.

First, then, and all important, a female Physician should have *sound health*. This is an essential qualification, and would seem to be self-evident to a reflecting mind, and yet we know of several who commenced the subject of medicine with zeal, but were obliged to discontinue it from physical inability.

The worm-eaten fruit may make the careless gardener more watchful to preserve other trees from blight. The dismantled, shipwrecked vessel may warn some mariner of dangerous shoals. The actual horrors of war may remind some politicians of the blessings of peace, and so may the scrofulous, dyspeptic woman serve as a beacon to demonstrate the certain penalty of Nature's broken or neglected laws. Yet the physician, above all others, should have a cheerful, buoyant spirit—which never flows from a feeble, enervated body—to impart mental life to patients. Besides, the arduous duties attendant upon a physician's life, can only be performed by persons with a vigorous, well-balanced constitution.

The principal objection raised by opponents is, that woman could not sustain herself physically in this profession: but we think it would require no more strength to be out until 2 o'clock in the morning ministering to the sick and weary ones of earth, watching by the bedside of the dying, than to frequent parties and operas night after night, to even later hours, and clad in the thin garments that are now so fashionable.

Secondly, Enthusiasm for the study. A mere common interest in music will make an ordinary musician, but when one would play upon "harps of ten thousand strings," it is of vastly more importance that no discord be made in Nature's harmonies. The study of medicine is a flowery path, though beset by thorns even by her who loves it much; but if her enthusiasm be commensurate with its high and noble purposes, her course will be ever onward. On her unfurled banner "*excelsior*" will be the motto, and she will consider no obstacle too great to be encountered, no opposition too formidable to be surmounted, that she may attain the ultimatum of her desires.

Thirdly, There must be a determination to make it a *life-study*. Knowledge on all subjects is desirable; especially should all learn the laws of life. Whoever becomes proficient in any art or science, must give to it years of constant application and research, and make all other attainments subversive to its interest. The artist is not content with spending a few years in learning the details of his art, but the best efforts of his life centre upon it, and he knows that if his contemporaries do not appreciate his talents and give him the reward of fame, posterity will make just awards to true genius. Physicians should merge all knowledge into that of promoting health in the community. This is the port for which they sail, the harbor where they would enter—the one point upon which their very souls should be concentrated.

Fourthly, A woman should have genuine sympathy and ability to give confidence.

Woman will be the last to recognise the divine right of her sex to practice medicine, and some will prefer the medication of a young stripling, a tyro in his profession, who has had no experience save in College pranks, before they will employ a *Woman* to heal their maladies. Yet it is not surprising that there is this want of confidence from woman to woman on all subjects where intellect is required; and that when woman does achieve any thing in the literary or scientific world, she should have to bear the stigma of being masculine, or is suspected of receiving male assistance in the accomplishment of the deed. So few women really qualify themselves for aught besides the frivolities of life, and the lighter accomplishments, that the idea of their having a more extended power of action will not be perceived and recognised at once. Woman must not only be scientific in her attainments, but she must have the "*suaviter in modo*" that will enable her to make friends and inspire them with a belief in her sincerity and professional skill.

As to the probable *success* of practitioners, we have no hesitation in saying that if there were three or four hundred *well qualified* woman prepared to locate in different towns, they would be well patronised and sustained. And though they might at first meet with some opposition from established physicians, yet even these would soon encourage them in their labors of love, if they really possessed scientific knowledge, and were not miserable pretenders.

As to the requisite *age*, no limits can be affixed. We are acquainted with one lady who did not commence studying until she was forty years of age, and she now has an extensive ride. We know of another who is not much more than twenty years old, who has a good medical business. All we can say on this point is, study well your qualifications, whether you have the energy and perseverance requisite for this, one of the most interesting studies that can engage your attention. If you have, the sooner you commence the sooner will you be prepared to enter upon the active duties of the life.

These desultory remarks may be followed out more connectedly at some future time.

New York, Jan. 25, 1854.

AMBROSIA.—ACER STRIATUM.

AMBROSIA.—The Ambrosia or common Rag Weed is an article that, so far as I am acquainted, has received but very little attention from physicians, yet is one that is deserving a prominent recognition in the *Materia Medica*. It possesses both astringent and diuretic properties of a peculiar nature, and is a reliable agent where one of this kind is needed.

As an Astringent, its action appears to be mainly limited to the Colon and Rectum. By what chemical property or upon what principles its effects are chiefly directed to this portion of the bowels, I am unable to say; but from most careful and repeated observations upon its action, I have found that this is its peculiarity as an astringent. Taken in moderate doses, it gives very prompt relief in cases of mucus or bloody dysentery, accompanied by griping in the bowels. It also has a very excellent effect when given by injection. Combined with an equal portion of the Rhubarb root, and half a part of the Sumac leaves, it makes a very valuable and rather pleasant Dysentery Syrup. Its astringent effects are also exhibited in cases of bleeding at the nose. A portion of the green plant pushed up the nostril, or a snuff made of the dried herb, has given very decided relief in many severe cases of constitutional hemorrhage from the nose. It is valuable as a topical application in most form of hemorrhage, and for wounds. A strong ointment made of the fresh herb is excellent for the Piles.

Its chief value, however, is as a diuretic. In the most obstinate cases of general Anasarca, I have seen this simple plant work wonders after many of the approved Diuretics had entirely failed. In its action upon the kidneys it does not so much increase the quantity of the water voided, as the quantity of urinal constituents it causes to be eliminated. I have noticed urine passed after its use, that was so loaded with urea and uric acid as to seem as if intermixed with some powdered material. In the cure of dropsy, moreover, the Rag Weed exerts a most valuable tonic influence upon the tissues and absorbents—an influence that is of untold importance in the

treatment of diseases of this nature. Few single agents can be mentioned that combine such desirable tonic and diuretic properties, or are so well fitted for exhibition in cases of general or special anasarca. Its effects upon the urinary secretion, however, are not perceived unless it be taken in considerable quantities. If it is used in a decoction of the ordinary strength, it is very apt to act an astringent upon the bowels, causing bloating and distress, and not affecting the kidneys at all. The best way to prepare it, when its diuretic effect is needed, is to make a decoction of four ounces of the dried leaves, and gradually evaporate it to one ounce and a half of liquid. This may be preserved with a little sugar or some Gin or Tincture of Virginia snake root, if a stimulant upon the kidneys will be admitted. A tea-spoonful or a fluid drachm of this preparation may be given two, three or four times a day, as the case may require. I have never known this to fail in giving relief to the kidneys, and it possesses the advantage of not producing a profuse discharge of water, and it does not reduce the patient's strength in the least.

The active principle of the plant, (*Ambrosine*), is altogether desirable ; but it can only be obtained in small quantities, and is hardly to be found in the market. The bulkiness of the plant does not admit of its being used in any other form than by decoction or syrup. Water takes up all its properties.

ACER STRIATUM.—The *Acer Striatum* is the common striped or black Maple bush. A strong decoction of the bark is valuable in inflammations of the kidneys or bladder ; irritation of the uterus, stomach or liver, and similar internal disturbances. In sub-acute inflammation of the stomach, a weak decoction of the bark may be used as a common drink. Combined with Centaury, Chamomile, Yellow Parilla, or the other mild tonics, it makes an excellent compound for low forms of Dyspepsia. With the addition of Burdock seed, White Indian Hemp, or Queen of the Meadow, it forms a valuable diuretic preparation when the kidneys are weak and irritable. In any of these compoundings the Maple should form the foundation, and the other articles be added in small proportions.

A decoction as a wash is excellent in old and inflamed sores, cancers, wounds and inflamed swellings. The fresh leaves applied to bruises and cuts give great and immediate relief.

In all cases where an anti-inflammatory, soothing, cooling basis for a syrup or decoction is wanted, the Striped Maple should be remembered.

J. B.

ICE IN TONSILLITIS.—In this very distressing disease we are in the habit of directing the patient to hold a piece of Ice in his mouth, and swallow the water as it dissolves. The relief given is very marked and immediate. A Lotion of Tincture Lobelia and oil of *Origanum* may be applied externally.

Editorial.

THE METROPOLITAN COLLEGE.

UP to this date the prospects of the approaching term of Metropolitan College are highly encouraging. A large class will probably be in attendance, coming from New York, Georgia, Vermont, Massachusetts, Maine, Connecticut, New Jersey, &c. The Hall and Anatomical rooms of the College are now being prepared, the Chemical and Philosophical apparatus arranged, and all the other preparations made for the opening. The exercises at the opening will be of an interesting nature, and we extend an invitation to all the friends to be with us at that time, and it is more than probable that they will be repaid for their trouble.

Several letters have been received inquiring the specific appellation by which we intend to be known. In answer we say we are *Medical Reformers*. The wrangling and jarring about a name has already been carried too far, and made too much disseverance among friends who would otherwise be more harmonious in their feelings. We care nothing about a name so long as our platform is agreed to : and in order to escape all accusations of one-sidedness, we have shunned all previously adopted and specific cognomens, and taken the above general one, carrying the tablet of our creed in our hand to explain our position.

SYNOPSIS OF PRINCIPLES.

1st. The fundamental principles of true medical science are not Pathological but Physiological.

2nd. Disease is any condition of the organs in which they are unable to perform their natural functions.

3rd. Irritation, Fever and Inflammation are not diseases, but physiological symptoms of disease ; and are to be *aided* in their intention to remove obstructions, and restore the nervous and circulating equilibrium.

4th. Every means which has been known to directly destroy human life, permanently injure the tissues, or derange Physiological action is to be totally rejected, and only those are to be used which have a direct tendency to aid the vital organs in the removal of the causes of disease, and in the restoration of health and vigor.

There is an opinion abroad, even among many who claim to be Reformers, that no course of instruction in a Medical College can be complete unless it is made to embrace all the Pathological notions of Allopathy. To those who take this view of the case, we will at once say that they will be disappointed if they come here. Our system is based upon principles and tenets entirely opposite to those of the old school, and we will aim to develope, illustrate and inculcate what we believe to be true. And if our claim to the

title of "scientific," must rest upon the lucidness and force with which our Faculty conveys to the class the tragic Philosophy of the past, let it be at once understood that this Institute will not be scientific. The favor of Aristocracy will not be courted by tincturing the teachings with *fashionable* notions ; nor will there be any compromise made with fallacies, nor any interweavings of truth and error, in the vain hope of conciliating opponents by pretending to a liberality of opinion that is not consonant with truth. We rest distinctly upon the principles of the Baltimore Platform, a synopsis of which has been given above. If there is not sufficient reality in these to sustain a College of the *highest* scientific character, then we will fall.

Professors Bankston and Coxe, of the Macon (Georgia) College, will both be with us during this session, and we think that our friends will excuse us for feeling a little proud at having secured the services of two such qualified teachers. These gentlemen have been connected with the Macon school for ten or twelve years, and possess an amount of practical and philosophical learning that warrants us in saying they are as erudite as any medical teachers in the land. The twelve-year College experience of Professor Comings has made his name so familiar to Reformers, that it need only be mentioned to convey a correct idea of the scientific character of the instructions that will be heard in this school. Professors Friend and Wilcox bring with them an inexhaustible fund of practical knowledge, acquired through their twenty-five years of active professional life ; and the talents and medical education of Professor Lincoln will soon place him in the same enviable position in the medical world that he already holds among his legal brethren. These, together with Professor Loomis, (who recently visited London and Paris,) form a Faculty for which Metropolitan College may well be envied. And one very desirable recommendation that these gentlemen possess is the fact that they are *experienced* in College matters, and in that experience have shown their fitness to give character and success to a Medical Institution.

Altogether we have secured the services of a Faculty of which we are far from being ashamed ; we possess Anatomical and Hospital privileges that have never before been enjoyed by Reformers, and which they have scarcely dared hope for ; and we think that no student will leave our Hall dissatisfied on account of the incompleteness of instruction in any department.

OUR SUBSCRIPTION LIST.—We would ask a favor of all the readers of our Journal, which is, that when they write to us and send us their advance subscription, they will also send us the name and residence of every Reform Physician within their acquaintance. The list of names we now have is not as full and complete as we wish it to be, and if our friends will help us fill it out, they will confer a special favor. It will cost them but a few minutes

time to add such a list to a letter, or even to write a letter for the sole purpose of giving us the names of their acquaintances. To ourselves, to the Journal, and, through it, to the *cause*, a great amount of good may be thus rendered by a little labor. We hope our friends will bear this in mind.

Adrian, Michigan, Jan. 10, 1854.

DR. COOK ; Dear Sir :—Your favor of the 20th December only reached me last evening, forwarded from my former place of residence, Liberty, Penn.

I sincerely wish you success in your contemplated enterprise, though I strongly apprehend that I shall not be able to add much to the interest or usefulness of your Journal. But as you solicit the contributions of my unsophisticated pen, I am willing to do what may be in my power. I shall wait however, until I receive a number of the Journal, before I offer any opinion of my own, as I wish to understand the aims and principles of your Publication ; though if I offer any opinion I shall speak what I think, independent of any other person's opinion.—I cannot, however, promise to write every month, as I am very much occupied, but will send my crude suggestions as often as I can.

Your Friend,

LYDIA J. PIERSON.

~~RE~~ The fact that Mrs. Pierson intends to be a contributor to our pages' could not be told to our readers in any words so pleasing as her own, and so we take the liberty of presenting them with the above private letter. The independence and good sense of this excellent woman and strong writer have won her a wide popularity, and among none is she more deservedly a favorite than with the readers of the old Journal of this city. Ourselves and (we feel safe in saying) our readers will receive her communications with a special satisfaction.

A CORRECTION.—The article "Cholera in England," among the miscellanies of our last issue, should have been credited to the *Boston Medical and Surgical Journal*, from whose Editorial pages it was taken. We copied it for the purpose of showing the incoherency between the Allopathic treatment of Cholera, the *humility* with which they acknowledge their entire ignorance of this disease, and the vehement sputter they make in claiming to be immaculate in the science of medicine. We intended to have made some remarks upon it, but in the hurry of the first issue it escaped our notice. It will pay our readers to reperuse that paragraph, and compare it with the article on the same disease among the communications in the first number. The tone of conscious knowledge which pervades the one, and the uncertainty and acknowledged ignorance of the other, are significant. We have some statistics about this disease, which will be given in a future number.

Miscellany.


ALCOHOL AND THE ETHIOPIAN.—That the effects of alcoholic beverages on the Ethiopian race are pernicious, is sufficiently proved by the fact, that plantation property diminishes in value in proportion to its proximity to villages, grog shops, or those places where slaves can procure ardent spirits without leave from their masters. It is also proved by the fact, that no sensible planter, although he may have more land than he wants, will dispose of ever so small a lot, even at an extravagant price, for fear that a grog shop or grocery, where his slaves can obtain ardent spirits, will be erected on it. Hence, for many miles together, through the planting region, the weary traveler often finds no resting place or tavern. The owners of the soil will not sell land enough to build a public house upon, for fear that his negroes will become corrupted by the facilities that such places generally afford, to the easy attainment of ardent spirits. Samuel Davis, Esq., opposite Natchez, has four times as much land as his negroes can cultivate; yet neither love or money can induce him to sell a single piece, the size of a town lot, for fear that a grocery or retail liquor store may be established on it to corrupt his negroes. The parish of Concordia and a few private individuals own a few lots, opposite Natches, constituting the little village of Vidalia, consisting of a court-house, jail, lawyer's offices, a printing press of one of the best papers in the South, and two hotels. Yet Mr. Davis cannot be prevailed upon to enlarge Vidalia, by selling lots, although offered New Orleans prices. If he were to do so, he knows very well that grog shops would soon be erected upon them, and his negroes would become worthless, from the facilities of obtaining alcoholic beverages.—*Dr. S Cartwright of New Orleans.*


MENDING A FACE.—It has been stated, says Galignani's messenger, that a person named Ponsoles, the proprietor of a travelling menagerie, was, three weeks ago, at Toulouse, in France, attacked by a tiger, on entering its cage, and had his nose bitten off, so that it only hung by the skin of the upper lip, and that he had received besides several wounds on the head and elsewhere. When rescued from the animal, he was placed in the hands of medical men. They began by washing his wounds; then they replaced the skin on his skull; re-adjusted the ear; refitted the nose, after removing the bones and the cartilages, which could not have been comecicatrized; and then dressed the other wounds. To prevent inflammation, they kept bladders filled with ice round the head of the patient for five days. Their mode of treatment was so successful that Ponsoles is now going on well. The nose adheres entirely; the skin of the skull has also adhered; but the ear is still not quite solid.

INUTILITY OF THE BILE AS A MODIFYING AGENT IN DIGESTION.—M. Blondlot gave it as his opinion, before the Academy of Science of Paris, that the bile exercises no chemical action on the chyme, and that digestion would proceed just as well without the interference of bile. He considers the latter fluid as a kind of detritus, of which the economy frees itself by means of the intestines.

M. Blondlot has been at great pains to set up biliary fistulæ upon dogs, so as to allow the bile to pass out of the body without reaching the intestines. After many trials he succeeded upon two dogs; one of these was killed one month after the establishment of the fistula, and it was found that digestion had been properly carried on, and that the ductus communis choledochus was already occluded.

The second dog lived *five years* with the fistula; it was a bitch, about four years old, who continued to enjoy good health, littered every year, and was a good pointer. The bile escaped all this time; very scantily however, when the animal was fasting, but very abundantly during the whole period of digestion. The bitch died after five years; the liver looked cirrhotic, and the ductus communis was quite atrophied. M. Blondlot, therefore, maintains that the bile is a mere detritus, which may, however, serve to protect the intestines from the irritating properties of the chyme, or aid, with other mucous fluids, in dissolving fatty constituents.—*Retrospect.*

 “Two years since a man of robust constitution, residing in west Philadelphia, after several days indisposition, had high fever accompanied with violent pain in the head and back, with great distress at the pit of the stomach. A Physician was called, who ordered eighteen ounces of blood to be taken, and to be freely purged. In the course of three or four days it was discovered that the patient had small pox; but the powers of the system had been reduced too low to bring the disease out in a proper manner—the pustules never filled, and consequently the patient died. The Physician who attended the case is a Professor in the Jefferson Medical College, in this city, (Philadelphia.)”


 Lord Bacon in his works gives the following singular account: He says that on one occasion he saw the heart of a man who was emboweled, (as a traitor,) which, being thrown into the fire according to the custom, leap out at first a foot and a half high, and then less by degrees, for the space, to the best of his remembrance, of seven or eight minutes. Ancient tradition, and worthy of credit, tells of a man who was emboweled in pursuance of that kind of punishment above-mentioned; after his heart was entirely torn out of his body, and in the hand of the executioner, he was heard to say three or four words of prayer.


DIAGNOSIS OF ANEURISM OF THE AORTA.—When a patient, whose symptoms lead the practitioner to believe that thoracic aneurism may exist, the first interrogation should be as to the occupation and previous habits of the individual, and he should be particularly questioned respecting the occurrence of blows, falls or violence of any kind; the examiner always remembering that small thoracic aneurisms may exist for a long time without producing much inconvenience, and that, in some cases, where the yellow tissue of the artery is only ruptured, little or no pain may present. It is probable, that many aneurisms originate in early life from the partial fracture or separation of the fibres of the elastic coat, when the artery is free from disease. After the above inquiry, the bloodvessels of the arms should be carefully examined and the veins of the neck must not escape observation. The palms of the hands may then be passed over both sides of the chest, for the purpose of detecting abnormal impulse and protrusion of the thoracic walls. The stethoscopic examination along the spine is most important, but it must be recollected that the cardiac sounds are sometimes heard in all parts of the chest. After careful percussion and auscultation, if abnormal *bruit* is detected, the effect of position and motion should be tried, and the question asked, whether the *bruit* may not arise from valvular, or other diseases of the heart, from a roughened state of the arterial tube, or whether a tumor (probably malignant) may not, by interfering with the blood-current, occasion it? Œdema of the hand, pain in the arms and fingers, the condition of the voice, the appearance of the countenance, the character of the pain (if present,) state of the breathing, hemoptysis, previous diseases, and hereditary predisposition of the patient, are all important subjects for investigation.


If the above matters are carefully attended to, I think *generally* a correct opinion may be arrived at in the diagnosis; but, it is always easier to say that this disease is *not* present, than to foretell its existence.


As two peas in a bushel, two pebbles on the sea-shore, and two aneurismal sacs, are never exactly alike, so are the auscultatory phenomena influenced by the form of the dilatation, the quantity and consistence of its contents, the condition of its walls, and the state of surrounding organs. Let the reader examine a few hundred of specimens of aneurism, and then inquire whether exactly the same sound *could* be present in any of them?

I caution my junior readers against the inference that any sounds, alone, are to be taken as pathognomonic of thoracic aneurism. Double sounds, single sounds, in all varieties from the grating rasp of the saw, to the murmur of the gentle breeze may be heard, and yet not denote aneurismal dilatation. Common sense and pathological observation, as in all medical deductions, are more important in this inquiry than "*sonoreity*."—*Ranking's Abstract.*


 It will be recollected that an old soldier was arrested in Montreal some time since, on the charge of having murdered his wife. It was supposed that he burned her body in the stove, several bones having been found in the ashes, which were pronounced by the physicians to be the remains of a human being. The *medical* gentlemen even went so far as to select and adapt each to each, thus sagaciously and scientifically making out a very perfect skeleton of a woman of about the age of the missing wife. This done, the inquest rendered a verdict in accordance with these circumstances. To their utter consternation, however, the murdered woman has appeared in flesh, and been duly recognized by her relatives. A re-examination of the remains proved the skeleton to be that of a *pig*! The woman left her home, because her husband beat her, and only returned when she heard of his arrest for her murder.

 The Medical Journals tell us that a ship carpenter lately bled to death at East Boston. We once knew a man die from the loss of blood, with a bile on the back of his neck. In this case, however, the Physician bled him for the Pleurisy, and when the patient died, Sangrado was astonished to find the whole back portions of the head mortified! But most singular freak of nature, the patient was disinterred eighteen days after burial, in the middle of August, and all vestiges of mortification had disappeared from the back of the head, nor could any traces be found in any other portion of the body. What can it mean? Will not some Medium consult the shades of Esculapius?

 A few days ago, a little girl in St. Louis, whilst playing with some beads, got one of them in her ear, and every effort to extricate it only thrust it farther within the orifice. The pain was so great as to produce insanity a few hours after its introduction, and the consequence was that she died a few days after in violent paroxysms.

 The Howard Association of New Orleans, during the recent yellow fever epidemic, treated 11,088 patients. Of this number, 2,942 died, and 8,146 were discharged cured, a fatality of a fraction more than one in every four attacked.

CHLOROSIS.—In those tedious cases where a girl eats hearty, takes plenty of sleep and exercise, has nothing on her mind, yet still deriving but little benefit from good food and judicious treatment, Professor Recamier recommends his galvanic poultices; one of the disks being applied to the epigastric region, the other to the spine.

 Public sentiment is becoming well aware of the fact, that the most prominent doctrines and agents of Allopathy had their origin at a day when science had not unveiled these mysterious subjects; when but little was known of chemistry, physiology, pathology, or anatomy;—when dissections were prohibited by law;—when chemistry was studied for the purpose of composing diamonds, gold, and the elixir of life. And when sorcery, witchcraft, necromancy, and jugglery, constituted an important part of the healing art.

And they are well convinced that doctrines and remedies originating under such circumstances, cannot have attained that correctness and perfection which the present advanced and enlightened state of the sciences will warrant. And more, that those who are regularly educated and trained in the use and support of those ancient dogmas and agents, are no better adapted, nor inclined to their improvement, than are the autoerats of Europe to the improvement of her unwholesome laws; or than are the priests and Jesuits of the holy city to their inquisitorial restrictions.—*Lecture by Prof. Bankston.*

THE DOCTOR AND THE FOP.—Some years ago a farmer's barn was struck by lightning in the vicinity of Worcester, and burned to the ground. Many citizens had gone to the fire, when a fop, well strapped and dickied, met the celebrated Dr. G——, and accosted him in this wise:—

“Can you-ah, tell me, Doctor, how fah they have succeeded in extinguishing the conflagration of the-ah, unfortunate yeoman's barn?”

The Doctor eyed the individual attentively, dropping his head for a moment as usual, and then slipping his thumb and finger into his vest pocket took out a couple of pills, and handed them to him, saying:—

“Take these, sir, and go to bed, and if you do not feel better in the morning call at my office.”

DANGERS OF TABLE TURNING.—The *Morning Advertiser*, of London, in alluding to a “recent distressing case of animal magnetism,”—an account of which we gave, says, “We are sorry to announce that Miss C——, the young lady in Surrey place, who was reported in this Journal some few weeks ago to have suffered from trying the table moving experiment, by means of the above agency, is much worse. Hopes were entertained that she would soon recover the use of her hands. It seems, however, that these hopes have not been realized. Her hands are now firmly clenched together, and require great force to separate the fingers, and for a moment, from the palms of her hands. This extraordinary affair has caused intense excitement in the medical profession.”

ANSWERS TO CORRESPONDENTS.

"I. G. S."—The Trustees will furnish all the dissecting materials which may be desired, without any trouble on the part of the students. A subject will cost from \$25 to \$30. Dissecting classes commonly consist of five students, with a subject to themselves, for which they pay.

"M. H."—The City Hospital in Broadway, and the Emigrant Hospital on Ward's Island, East River, are the ones which are open to the students of the Metropolitan College. They are admitted on the same terms as students of the Allopathic Schools, viz;—free to Ward's Island, and \$5 per student at the City Hospital.

"O. C. D."—We will send five copies of the Journal for \$4 in advance, and fourteen copies for \$12. Paid at the end of the year, each copy will be a dollar.

"G. A. R."—Hospitals are divided into wards in order to separate the general classes of disease. The professors of Surgery, and Theory and Practice accompany the students of Metropolitan College in their visits. Of course while the old school Physicians hold the Hospitals our students must listen to their delineations and treatment: but when they return to their own Halls, the principal cases they have witnessed will be reviewed by their own Professors according to the teachings of the Reform Practice.

"J. L."—Our Professor of Anatomy is as scientific and thorough as any Anatomist of Allopathic Colleges. We have every facility for pursuing this subject, and we think the *most* "anxious" student will be fully satisfied with the completeness of the Anatomical Instruction.

"C. K."—The laws of the State gives us admission to the Hospitals, and not Allopathic courtesy, though our students are treated with even *marked* civility. Prof. Carnochran is the Surgeon of Ward's Island Hospital, and is probably the most skilful operator in the U. S., besides being a finished scholar and a gentleman.

"R. A."—Yes. We already have \$300 worth of Chemical and Philosophical apparatus.

"E. M."—Prof. A. Curtis has *resigned* the chair of Theory and Practice in the College. The reason for doing so was his determination to confine his future labors to Cincinnati and its vicinity, and his resolve that in future he will not leave that city unless by some urgent necessity. His sympathies are strongly connected with the Metropolitan. Prof. Wilcox is at present residing in Bennington, Vermont.

"J. S."—Your proposition has been placed before the proper persons, and is now under consideration. We shall write you the particulars in a few days.



METROPOLITAN MEDICAL COLLEGE.

The second course will be opened on the second Monday of the coming March, at the Hall, 68 East Broadway.

The whole fees for matriculation, Museum, Hospital privileges, and Lectures in all the departments will be, - - - - - \$100,00

Graduation fee, - - - - - 20,00

Indigent Students may make private agreement with the Faculty, so that they may secure their attendance on less terms.

THE

Journal of Medical Reform.

MARCH, 1854.

Selections.

From "Young Physic."

CURIOSITIES OF MEDICAL SCIENCE.

BY WILLIAM TURNER, M. D.

THE influence of the Passions and Emotions upon health and disease involve some of the most curious questions in physiology, pathology, and therapeutics. That the mind and body influence each other reciprocally is known to all; but few are aware of the extent of that influence. We know that disappointed love or ambition may wear out a life in broken-heartedness; but physicians do not generally take these influences into account sufficiently, in dealing with their patients and treating their diseases.

Health has been defined as a sound mind in a sound body. Now it is very certain that we cannot have a sound mind without a sound body, and equally certain that we cannot have a sound body without a sound mind; but where the mischief comes from, in case of disease, is the problem to be solved. And it is a difficult one. If we say in a certain case, that a man's disease has come from mental troubles and griefs, I will point you to another case where the same circumstances have produced no such effect. Is it not fair to suppose, then, that the mental susceptibility to the effects of grief was first of all produced by some bodily disorder?

Impressions on the senses often produce powerful effects upon the system. Certain objects fill us with disgust and nausea. The sight of a hair in the soup will turn a delicate stomach. The spectacle of a grand procession, a cataract, or a stormy sea, is full of excitement, but other sights fill us with gloom and despondency. Strong light occasions headache; a sudden burst of sunshine occasions sneezing. A flash of lightning has caused and cured the palsy; but in this case there may have been electrical influences, beyond the effect upon the sense of sight. The view of an interminable waste has affected peo-

ple with a sense of suffocation. Gazing from a great height affects many persons with giddiness and nausea. Looking from the window of a coach or railroad car, where everything seems gyrating from the rapidity of the motion, sometimes produces sickness. Some persons become giddy and epileptic from gazing at a rapid stream : in others it produces reverie and a disposition to sleep. Many sights give nervous people the fidgets. The sight of blood causes in some persons nausea and fainting. The sight of military flogging has caused new recruits to fall down in fainting fits, convulsion, and epilepsy. Pleasant sights on the contrary, are exhilarating and invigorating. We should surround an invalid with agreeable objects, such as cheerful, smiling faces, a beautiful landscape, sparkling waters, trees and flowers, the grand old mountains, and the ever-changing glory of the heavens.

The sense of hearing has a powerful influence upon the functions of life. Certain sounds set the teeth on edge ; others excite laughter or tears. Simply vociferating in a patient's ear has broken up a fit of epilepsy. The ancients believed so fully in the medicinal uses of melody, that they made Apollo the god of both music and medicine. Hippocrates says that Nicano swooned at the sound of a flute ; and we have people at this day who get very tired at the opera. David cured the madness of Saul by playing on the harp. The sound of a fiddle sets people to dancing, and people walk erect and heroically at the sound of a drum. Music has a powerful effect upon some animals. Mules are cheered in their journeys by the tinkling of their bells. Horses set forward their ears, arch their necks, and step loftily at the sound of martial music. A sudden crash causes a fluttering and sinking of the heart. The *Ranz des Vaches*, or cow songs of the Swiss, may either rouse them to combat or stretch them upon a bed of hopeless homesickness. Ship captains have found an old song to have more influence in curing a tropical fever than all the prescriptions of the navy surgeons ; but in those cases the associations of memory had their influence.

Some persons are violently affected by the sense of smell. The odor of a rose may produce fainting ; and the poet speaks of those who

“ Die of a rose in aromatic pain ; ”

or, as some render it, “ in a rheumatic pain ; but this is one of those emanations of the commentators which are doubtful improvements of the text. I have heard of a sentimental and susceptible young lady, who wanted credit for an extraordinary degree of sensibility, and so fainted dead away at the sight of a bouquet, which proved upon inspection to be artificial ! The beautiful *heliotrope* has made some men asthmatical, so has the luxurious *tuberose*. Musk is very agreeable to some and sickens others. Hahneman's favorite method of giving his homeopathic remedies was by putting a pellet of sugar of milk, as large as a mustard seed or the head of a pin, moistened with the decillionth of a grain, or thirtieth dilution of the expressed juice

of some medicinal plant, in a little vial, and allowing the patient to take one smell, or at most two, every seven or fourteen days. And when it was stated that this was sufficient to cure inveterate diseases, we may not look farther for example of the influence of smell upon the vital economy.

The sense of taste, I need not say, is intimately connected with health and disease, as it is the sentinel of the stomach, and the purveyor of nutriment. Whatever we eat or drink, we examine first by smell and then by taste, and receive or reject as those senses are agreeably or disagreeably affected. Yet fashion causes us to educate both of these senses, as in the use of tobacco and many articles of diet, which are repugnant to our natural taste. The Esquimaux rejects sugar with disgust and revels in the luxury of train oil. It would be no object to him to have his cod liver oil made into candy. Asiatics chew quicklime with their betel. West India negroes, in a fever they are liable to, eat clay with avidity. School girls get into a bad way of eating chalk, slate pencils, and charcoal, and ladies in a delicate situation, eat every thing. A French lady once paid fifty pounds for a bite out of the white shoulder of a young baker, and went into hysterics because he would not let her have another at any price. The mere thought or memory of a delightful savor excites the salivary glands, so that the mouth fills with water. The first taste of food causes not only a rapid secretion and outpouring of saliva, but of the gastric juice, the pancreatic fluid, and the bile. How strange that a taste, or even a thought, can set in motion the most complicated machinery of life!

We now come to the sense of touch. This sense is spread over the whole surface of the body, and may be affected in many ways. The lightest touch to the white of the eye often causes protracted pain. Some people may be thrown into fits by putting a bristle into the nose or ear. Touching the fauces, or back part of the mouth, causes vomiting. Touching the internal surface of the bladder has produced vomiting, fainting, chills, rheumatism, and epilepsy. Tickling is only a peculiar excitement of this sense, and it produces violent laughter, madness, convulsions and even death. The sudden grasping of a leg or arm, or the application of a ligature, Dr. Diekson of London, (from whom I have taken many of these facts,) assures us, has arrested fits of mania and epilepsy, and he attributes many of the supposed good effects of bleeding to the ligatures used in the operation. Every touch excites the brain in some way, and the brain reacts upon the body. The touch of the kings of England was for ages believed to have the power of curing scrofulous affections of the sub-maxillary glands, or what, from this belief, has been called the king's evil. The touch of the relics of saints and martyrs has been believed to cure multitudes of diseases; and there is no doubt that a great many of these cures were genuine. The touch of the cold dead hand of an executed malefactor has been supposed to have the same virtue as that of a king, and doubtless it may have

proved fully as efficacious. But in these cases other passions have their influence, as I shall have occasion presently to notice.

The passions have each a peculiar and powerful effect upon the physical organs and functions of the body—a more decided effect than those we have noticed as more intimately connected with the senses. Love, hope, and joy, excite and elevate. Sorrow, fear, and despair weaken and depress. What can be in stronger contrast than the pleasures of love and the pangs of jealousy, the soft tenderness of affection and the wild fury of rage? These passions can pluck a man from the jaws of death or hurl him down to the grave. Still, the outward symptoms of these passions are often much alike. When a person turns pale, his lip quivers, and his whole frame trembles and is convulsed, it may be the result of love, or hate, or rage, or fear.

“We cannot entertain a doubt” says Sir Humphry Davy, “but that every change in our sensations and ideas must be accompanied with some corresponding change in the organic matter of the body.” A word or thought, causing a passing emotion, brings the blood man-lingling over the whole face and bosom, in the curious act of blushing. How is it that an innocent little thought, in the mind of a girl, can have the effect of filling and distending millions of blood-vessels in a moment? It is a thing past our philosophy, but a beautiful phenomenon we may witness every day.

Hudibras says that love is an ague fit reversed—the hot stage preceding the cold. Love ungratified, every day, and all around us in multitudes of cases that the thoughtless never see, brings on despondency, decline, consumption, and premature death. There are cases where the young and beautiful have died of broken hearts—of genuine affections of that organ from the same cause. In others the result is that disturbance of the functions of the brain which we call insanity. On the other hand, a happy love has often brought roses to the pale cheek, and substituted the vigor of health for the symptoms of approaching dissolution.

Fear is the most depressing and paralysing of all the passions, and at the same time the most dangerous in its reactions. The most dangerous man or animal is one whom fear has driven to desperation. The weakest animal will turn at bay and fight desperately in its extremity. But the first effects of fear are to drive back the blood from the surface, and produce paleness and a peculiar pinched expression of the features. The limbs tremble, the power of speech is lost, and often there is a sudden stimulation of certain functions and organs. Fear has been known in a single night to change the hair to silvery whiteness, and to give to the whole frame the aspect of primitive old age. It has often been the cause of epilepsy, idiocy, and insanity. The powerful effects of fear have frequently been brought into play for the cure of diseases. We all know how the sight of a dentist's instruments will suspend the pangs of the toothache. Sir John Malcolm tells us of a Persian doctor who cured ague by the bastinado.

Fear is a common cause of epilepsy ; yet in a school where the disease became an epidemic, the great physician Boerhaave cured by threatening to burn with a red-hot poker the first boy that should have another paroxysm. Terror has cured the goitre, a large wen of the neck ; and abscesses of considerable magnitude have been suddenly absorbed under the fear of an operation. Neuralgia of long standing has also disappeared from the same cause. Fear promotes the spread of all contagious or epidemic diseases, as has often been witnessed in the plague, &c. The angel of pestilence went to a certain city to slay twenty thousand, but a hundred thousand perished. When charged with exceeding his commission, he said—"I killed my twenty thousand only ; fear killed the rest." After the battle, men have been found dead without a wound. They were the victims of fear.

Shame, once, in a well known historical instance, cured the morbid propensity or mania for suicide. The girls of Miletus were all killing themselves ; but when the magistrates made a law that the body of the first suicide should be exposed naked in the market-place, the mania ceased. The same passion, the idea of shame, has also caused thousands of suicides.

Anger, grief, and joy, may either of them cause apoplexy, hemorrhage of the lungs, inflammation of the brain, hysteria, and insanity. Joy may kill, as well as grief, and either of them may cause fits of sickness not fatal. Any sudden emotion will spoil the appetite and suspend the functions of digestion.

From the Medical Investigator.

VACCINATION.

BY PROF. SCHMOELE, M. D.

THOUGH little and easy this operation of minor surgery appears to be, yet there are some considerations and cautions to be made regarding its performance, that appear to be not generally understood.

It frequently occurs that physicians have been duly careful in procuring good matter from the vaccine pustules, or their crusts,—that the children from whom it was obtained were healthy, and their parents thought to be perfectly free from hereditary, as well as chronic diseases, and where the previous vaccination has been performed with vaccine matter obtained with equal care from healthy sources, and yet they find that many children thus operated upon, have knotty swellings, like strings of beads, along the arm on which the operation was performed, swellings of the glands in axilla of the same arm, also of the glands of the neck, and other symptoms denominated "serofulous."

Sometimes we find children looking the very embodiment of health before they are vaccinated, and afterwards becoming puny, pale, flabby, declining and consumptive, yet the vaccinating physician assures the parents that he used every possible care in obtaining the

matter, and that it was in fact, the best that could be found :—and as the most positive proof of the purity and efficiency of the matter employed, he may be enabled to point to other children, whom he vaccinated with the very same matter, whose health has remained as good after the vaccination, as it was before the insertion of the vaccine virus :—hence it could not have been the defective quality of the vaccine matter that developed the lamentable results in the case to which we have alluded.

Instead of a scientific investigation of the facts presented, such cases are promptly disposed of by the imputation of the bad results to an unfortunate scrofulous diathesis, which was latent in the child from its birth, and therefore showed no signs of its existence, until it was roused into wakefulness and activity by the vaccination : an existence which could neither be known or prevented.

We will not, at this time, stop to discuss this fabulous latent something, which like a “*deus ex machina*,” covers the void of knowledge, and shields the honor of the profession ; but we purpose to call attention, in this article, to certain facts, perhaps by some to be deemed small ones, which are intimately connected with the process of vaccination ;—as well as to exhibit some little accidents too frequently associated with its performance,—which may throw some real light upon the unlooked-for mischief, without being obliged to resort to the interposition of hidden enemies, to be aroused from their dormant slumbers, as in the old times of fabled mythology.

The vaccine matter consists of at least two substances,—1st. the infectious substance, which develops itself in the malpighian mucus, beneath the epidermis, and causes the re-production of the vaccine disease, the cow pox :—2d. the liquid or dried pus of the pustule, or crust to which the infectious substance, or vaccine adheres.

When these two substances are placed beneath the epidermis, and planted in the malpighian mucus, or rete mucosum, the vaccine virus can develop itself in accordance with the known laws of its reproduction,—and the pus to which it was attached, remains inactive, so long as it cannot penetrate any blood-vessel, or lymphatic vessels. The elementary molecules of pus, (the pus globules or cells,) being much larger than the blood corpuscles, are not only incapable of being absorbed, but are also too large to enter any capillary blood-vessel which may be injured in the operation, and as the malpighian, or rete mucosum contains no other blood-vessels, the pus cannot do any injury if the operation is performed in its proper locality, namely, in the rete mucosum, beneath the epidermis, *and not deeper* ; but should the opening instrument penetrate the *cutis vera*, and cut into some fine veins, or lymphatic vessels, and thereby offer access for the entrance of the pus corpuscles into the opened veins or lymphatics, the result will be very different, and may become very and alarmingly serious.

If pus globules enter the circulation of the blood *towards* the heart, they may remain innocuous, until they reach the capillaries of the

pulmonary artery in the lung. Here they cannot pass, their size being greater than the volume, or capacity of these capillaries. Hence, they would obstruct the circulation of the venous blood, in the lungs, in every locality where they are arrested by their size, and the consequent incapacity of the blood vessels to give them a passage. This obstruction of the circulation in a number of minute localities in the lungs, leads to as many minute local inflammations, which ultimate in the formation of miliary tubercles, or slow consumption.

If, on the other hand, pus globules enter lymphatic vessels, they appear to cause immediate inflammation and swelling of the lymphatics in their whole course towards the heart, and through the various glands with which they are connected. Hence the occasion of the *so called* "scrofulous" symptoms, which always supervene on vaccination, when lymphatic vessels have been injured by the performance of the apparently simple process of vaccination.

That these evil results may be avoided, *it is all important* that the vaccine matter should be placed *in* the rete mucosum, immediately beneath the epidermis, and never so deep as to reach the *cutis vera*.

FORCED BLOSSOMS.

"No danger of Harry's making himself ill with study; and as he will learn, I shall let him. He is head in all his classes, and his teacher tells us that the boy is really a genius. He came yesterday for permission to commence French lessons—but as he had a long task in Latin, I hesitated."

"How old is Harry, sister?"

"Nine last month; and for a boy of his age, I must say he is doing uncommonly well. He has gone through Blake's Natural Philosophy, and now is delighted with an abridgement of Wayland's Moral Science. I confess I do not understand it all myself; but he must, for he repeats chapter after chapter without missing a word. There are boys in his class seventeen and eighteen years old. Why, what are you doing Laura?"

Her sister was busily employed and did not look up at first. As the conversation progressed, she seemed quite unconscious that she had taken a waxen bud from a rich cluster of tube roses, that stood in a vase upon the table before her—and had forced the pure petals outward, until the bud became a blossom.

"Is it not beautiful?" said she, giving it to her sister; "and out so long before the rest."

"Yes, very beautiful just now; but how long do you think it will stay so? It droops already, why could you not let it be till it was developed naturally?"

Her remark was just—beautiful as it was at first, the petals soon became brown, then shriveled. Its freshness and fragrance were fast passing away. Just then a fine little fellow came into the room,

and, taking a book from the center table, threw himself languidly upon the sofa, and brushing back the wavy hair from a full, pale forehead, commenced reading very intently.

"Why do you not go and play with your cousins, Harry?" said his mother.

"Oh, they are so rude, so noisy, I mean—I am in a hurry to finish this, too;" and the boy's eyes were once more fastened upon the page before him.

His mother smiled, well pleased at his studiousness; but his aunt looked grave, and pointed to his flushed cheek, and the peculiar brilliancy of his eye.

"He needs exercise; you should insist upon his going out" said she. "I do not wish to alarm you needlessly, but you will find the truth of your own words;" and she held up the withering blossom.

"Beautiful just now; but how long think you it will stay so. It droops already; why could you not let it be until it develops naturally?"

"Harry," said his mother, starting as if a new light had flashed upon her mind, "I insist that you go into the air, for half an hour at least. You can finish your book this evening."

She had seen the justice of her sister's delicate reproof; and we trust that if this little paragraph falls under the notice of parents who are given to the "forcing system," they also may be warned in time. Henry is not an imaginary example, neither is he a solitary instance where the mind is suffered to develop itself at the expense of the physical powers.

From the Medical Times.

EXPERIENCE OF AN OPIUM EATER.

THE opium-eater is prevailingly *disinclined* to, and in some short *incapacitated* for, bodily exertion or locomotion. A considerable part of the time he feels something like a sense, not very distinctly defined, of bodily fatigue; and to sit continuously in a rocking or an easy-chair, or to recline on a sofa or bed, is his preference above all modes of disposing of himself. To walk up a flight of stairs often palpably tires the legs, and makes him pant almost as much as a well person does after pretty rapid motion. His lungs manifestly are somehow *obstructed*, and do not play with perfect freedom. His liver, too, is torpid, or else but partially active: for, if using laudanum or the opium pill, he is constantly more or less constive, the fæces being hard and painful to expel; and if using morphine, though he may have a daily movement, yet the fæces are dry and harder than in health. One other morbid physical symptom I remember to have experienced for a considerable time, while using a quarter of an ounce of morphine per week—and this was an annoying palpitation of the heart. I was once told, too, by a keen observer, who knew

my habit, that my color was apt to change frequently from red to pale.

But what of the effects of opium-eating on the *mind*? The one great *injury* it works, is (I think) to the *will*, that force whereby a man executes the *work* he was sent here to do, and *breasts and overcomes* the *obstacles and difficulties* he is appointed to encounter, and bears himself unflinchingly amid the tempests of calamity and sorrow which pertain to the mortal lot. Hardihood, manliness, resolution, enterprise, ambition, whatever the original degree of these qualities, become grievously debilitated, if not wholly extinct. Reverie, the perusal of poetry and fiction, become the darling occupation of the opium-user; and he hates every call that summons him from it. He feels helpless, and incompetent to stir about and hold himself upright amid the jostling, competitive throngs that crowd the world's paths, and *there* seek life's prizes by performing life's duties, and executing its requisitions. Solitude, with his books, his dreams and imaginings, and the excited sensibilities that lead to no external action, constitute his chosen world and favorite life. In one word, he is a *species* of maniac; since, I believe, his views, his feelings, and his desires in relation to most things are peculiar, eccentric, and unlike those of other men, or of himself in a state of soundness.

Original Communications.

PLACENTA PRAEVIA—PRESENTING PLACENTA.

BY WM. H. COOK, M. D.

AMONG the many undesirable tasks that the accoucher is sometimes called upon to perform, is that of attending a case of placental presentation. These cases are of but rare occurrence, yet they are met with among other deviations from the course of a natural labor, and they always become the occasions of much anxiety, both on account of the difficulty of the travail, and the usual tediousness of convalescence.

Speaking from my own experience, I can say, that in no case of obstetrical or other practice was I so baffled or so nearly nonplussed, as in my first attendance on a case of this kind. A few words will explain my situation. It was my chance to study medicine at a time when there were but limited facilities for obtaining a scientific knowledge of Reformed Physic. In those days Professors were glad to be able to present the fundamental principles of a branch, and the minutiae were left comparatively untouched. And it so happened that I had not yet heard there was such an occurrence as presentation of the Placenta, and in my voluminous wading through Allopathic authorities, at that time so necessary, I had not come to that division of the subject, when a case of the kind fell into my hands.

The peculiarities of my situation will be readily imagined by the profession.

The present increased and rapidly increasing facilities for instruction in our Colleges, give the students of the *present* very great advantages over those of the *past* ; and it is not likely that any graduate will, in future, be found so unprepared on this point as I then was. Still the readers of the *Journal* may not take it amiss to have a few brief remarks on this subject.

Character.—The peculiarity in this variety of labor consists in the Placenta being attached to the uterus directly over and around the cervix uteri, by which that orifice is completely sealed. When the efforts of labor begin, the first consequence of the attempt to relax and distend the os tincæ is the rupture of the placental attachments. The constriction placed upon the neck of the womb, by this position of the placenta, must be removed before the labor can progress in the least. The detachment must be made by the force of the uterine contractions, and this gives rise to hemorrhage. The reason of this will be at once seen when it is remembered that it is nature's design to leave the placenta to the last, that the foetus may have this maternal means of support until its full egress into the world provides it with the means of sustaining its own vitality. In accordance with this design, the attachments of the placenta remain mostly unbroken, in natural labor, until after the expulsion of the foetus. The uterine economy does not make the proper preparations for detachment until this takes place. When, therefore, in cases of Placenta Praevia, the position of the placenta causes it to be *first* detached, it is premature ; and not acting in concert with the regular operations of nature, its separation exposes blood-vessels in which the materno-foetal circulation continues active, and the uncovering of their uterine extremities must occasion hemorrhage. The hemorrhage, in these cases, commonly precedes the active stage of labor four or five days ; and it is an alarming symptom, inasmuch as it occasions great weakness and prostration, and unfits the frame for the efforts required when labor really commences.

Diagnosis.—On making an examination, the practitioner will find the os tincæ somewhat dilated, and filled with a flabbid, half-elastic mass. The surface of this mass will feel rough and cordy under the fingers, much like a surface of fibres and tendons. In short, it is the placental surface, and the physician who has once felt that organ will not fail to recognise it in this connexion. In presentation of the breech a soft surface is presented, but it is smooth, and distinguishable by the fissure of the nates. A mid presentation of the back is determined by the long line of bony projections which forms the vertebral column. And further, in Placenta Praevia there is no interposition of the membranous sac and bag of waters, which are felt in every other case. This is a leading point of diagnosis, and one that can be relied upon.

Management.—In the majority of standard Allopathic authorities on Obstetrics, the practitioner is directed, in cases of this kind, to introduce his hand into the vagina, *push it through the placenta*, grasp the feet of the child and bring them through this artificial opening, and then proceed with the usual course of delivery. It is surprising that such a direction could have been given by an intelligent writer ; and particularly that subsequent writers should receive and sanction it. The plan is unscientific, painful and hazardous. However, it is one of the most pleasing signs of the times to notice that modern “*regulars*” begin to question this dictum of antiquity, and for once in their lives to surmise the possibility of an error existing in their hoary teachings.

But as these remarks will, by our illustrious neighbors, be charged to a spleeny prejudice on our part, we will examine the matter a little, and briefly note the grounds of our objection.

Let any accoucher take pains to preserve the placenta in his next case—take it home—get an assistant to hold each side of it firmly, and then endeavor to push or “*work*” his hand through. My word for it he will find it a more difficult task than he imagined, and if he succeeds in the undertaking, ’twere well to publish an account of the feat.

The placenta is far from being a flimsy organ, and is by no means easily cleft with the blunt hand. Considerable force will be found necessary for the purpose : and now, when we have the organ attached to the uterus, it is quite apparent that the attachments will break way upon pressure, long before an opening can be made through the placenta. The direction, then, cannot be carried out ; and the many cases of placental perforation, that have been so glowingly reported, are but so many pieces of self-deception, and we do not hesitate to pronounce them such. Philosophy and fact will bear us out in the assertion.

But the mischief of the matter by no means ends here. The rupture of the placental and uterine connections will, in consequence of the pressure, be forcible and violent. Profuse and dangerous hemorrhage cannot fail to ensue, and this would greatly increase the hazards of the patient’s life. Besides, it would be no improbable or surprising result, to have the uterus torn and lacerated by the violence, and death would then be a likely sequence.

But let us admit that it is possible to obey this direction, and that the placenta can be thus easily broken through. The hand of the accoucher is now within the uterus, and grasping the child’s feet, he brings them down through the new-made passage. It needs no strength of intellect to perceive that when the nates come down to the placenta, they will become imbedded in it, and their size will not allow them to pass through so small an opening. The two thus become entangled, and can only be expelled together ; and in order to allow this, the os tincæ and soft parts must be stretched to a degree that would not otherwise be necessary. This can only be done by

increased and most agonizing efforts on the part of the mother. It is evident that the attachments between the placenta and uterus must now give way, causing a violent hemorrhage in the very midst of the active stage of labor. Is this a very comfortable or desirable state of things for an accoucher? Let Allopathy answer.

Humanity is the great basis upon which the healing art should ever rest, and humanity asks, "Is this the ordeal through which suffering woman must pass in cases of Placental presentation?" We think there is a safer and a better way, and will briefly state it.

When the practitioner is made aware that the ease before him is one of the kind we have been considering, he must wait patiently until the dilatation of the os tincæ is sufficient to admit the introduction of his two forefingers. During this interval he should sustain the strength of the patient by the use of an infusion of the *Cypripedium*. One or two drops of the oil of *Erigeron* (Fleabane) may also be given, which will greatly check the tendency to hemorrhage, and will not interfere with the subsequent course of the labor. When the dilation is sufficient, pass the hand into the vagina, introduce the forefinger through the os tincæ, and proceed to detach the placenta. This operation should be conducted with much care and patience, at the same time using all the dispatch that is admissible. The finger or fingers, should be passed beyond the os and into the uterus, and the whole of the connecting surfaces detached. When this has been accomplished, the presentation of the foetus can be determined. If turning is found necessary, which is generally the case, the hand is to be introduced into the uterus, the bag of waters ruptured, and the operation performed.

After the placenta has been separated from its connections, the minutiae of the labor are to be conducted as in other labors. But it is a question whether the placenta shall be pushed up into the uterus, and the child allowed to pass out first, or vice versa. For my own part, I consider that the placenta should be allowed to pass out of both uterus and vagina, and then sustained while the child is being expelled. The reason for this course is the same as that offered against the ancient direction of placental perforation, viz: the liability of the disengaged mass getting entangled with the foetus in its passage.

It may be objected to this course that the early detachment of the placenta will endanger the child's life. This is true, but the same danger exists, and in a greater degree, when an attempt is made to deliver through the perforated organ. For in that plan, though the connection is broken at a somewhat later period, the entanglement of the foetus with the after-birth will considerably retard the final expulsion; and the interval between the interruption of the materno-foetal circulation and the period when the child can sustain its life by respiration, will be much protracted. And farther, in favor of the course we suggest, it may be mentioned, that as soon as the obstructing placenta has been removed, the labor progresses very

rapidly to a completion. This is the general rule, against which exceptions are quite rare. Particularly is the travail expedited by giving a warm infusion of the *Caulophyllum Thalactroides*, (Blue Cohosh.)

So far as reported cases of this nature have come to my knowledge, the judicious detachment of the placenta has mostly been followed by the birth of a living child.

The advantages which this course has to the mother are very apparent. All the additional pangs, which would be caused by the expulsion of the entangled child and placenta, are saved ; the strength of the patient is preserved ; and the danger of hemorrhage, sequent to forcible detachment, is averted.

Allowing the chances for the child's life to be the same in both cases, the safety afforded to the mother should impress upon every mind, that the plan here recommended is the only one that is *justifiable*.

PARAPLEGIA.

BY J. S. PRETTYMAN, M. D.

I WAS called on the 22nd of November, 1851, to visit Mr. B. W., and found him in bed much emaciated, very feeble, unable to sit or stand. He was suffering with severe and persistent pain, originating in the Sacrum, extending to the Acetabula, and spreading through the whole Pubic region. The appetite was good, and the evacuations regular.

He stated that in the preceding June a nail was accidentally forced into the bottom of the foot, near the union of the Tarsal and Metatarsal bones, but it was immediately extracted, and he continued his labor as usual.

On the fourth day afterwards, he was alarmed by pains occasionally shooting through the wounded extremity, as well as by the inflammatory symptoms that began to be developed. Fearing Tetanus, a messenger was dispatched for his physician, (a Paracelsian,) who came, ordered poultices, administered an opiate and departed. Sangrado continued his visits and prescriptions, and the foot continued to inflame, suppurated, was lanced, and then healed. But instead of being well, the patient had now completely lost the use of the whole limb. After this another Paracelsian was called, and attended upon him for some time, but finding it to no purpose he ceased his visits.

It was at this juncture that I was called, and found the patient as above stated. He had given up all hopes of recovery, and was daily wishing that death might relieve him from his sufferings. But as his friends were anxious for a more rational course of treatment than what had been previously pursued, we set about the use of *medicines* prescribed *secundam naturam*.

A cold *douche* (falling stream) bath was ordered twice a day, to pour directly over the origin of the sacral nerves. Each bath was to be followed by friction, and the use of the following *Ammoniated Liniment*.

Oleum Olivia, (Olive Oil.)	
Oleum Sassafras, aa	- - - - - 1 oz.
Spirits Ammonia,	- - - - - 2 oz.
Mix, and apply flannel saturated with it.	

As a tonic preparation the following was directed :

Quina Sulphas, (Sulphate Quinine,)	
Carbonate Ammonia, aa	- - - - - 10 grs.
Ferri Sub. Carb. (Carbonate of Iron,)	- - - - - 1 scr.

To be mixed, and divided into ten powders, one to be given every four hours.

This treatment was continued for two weeks with manifest improvement. At this time we prescribed, in addition, a strong infusion of the *Scutellaria Laterifolia*, in wine-glassful doses ; with a tea-spoonful of the compound Tincture of Myrrh, saturated with Camphor, four times a day. This treatment was continued, with but slight variation, for the space of two months, when the patient was discharged cured.

I should have stated that the treatment when I was called, was and had been, a solution of the Iodide of Potassium ! When the Allopaths gave him no hopes of recovery, they told him, when that bottle of solution was emptied of its contents to send and have it filled again, and so continue.

The points of interest in this case are :

First, The singular effects produced upon the Sacral nerve and the whole lower extremity, by the puncture in the part.

Second, That the skill of two Old School Doctors reduced the patient but the nearer to his grave, and a solution of Iodide of Potassium was the *ne plus ultra* of their science.

Third, The simplicity of the sanative means which caused his recovery.

Millville, Del., January, 1854.

CITY ACCOMMODATIONS FOR THE POOR.

WE select the following items from the report of the " Association for Improving the Condition of the Poor," in New York. It will give our friends in the country an idea, though but a very faint one, of the miseries endured by the lower classes of a crowded city. The philanthropic soul will see much to reflect upon in these selections, which are but a tithe of the full report. One would suppose that if the hearts of the more wealthy residents of cities contained a solitary grain of humanity, they would speedily provide an effectual relief for the suffering poor, by raising more civilized tenements. But the

wealthy are too ignorant of the Laws of Health ; and while they themselves continue to build and occupy basement apartments, and send their children to schools kept in underground rooms, it is not to be expected that they will be awake to the body-blighting influences of the low tenements of the poor. More Physiological light must be disseminated, and the city styles of architecture revolutionized and remodeled upon *nature's* rules, before we can look for the removal of this shameful evil.

"In the Eighth Ward, the apartments occupied by the laboring classes are usually eight feet by twelve, with a small bed room attached, which are not unfrequently occupied by two or three families."

"In Oliver street is a miserable rear building, 16 feet by 30, two stories and garret, three rooms on each of the first and second floors, and four in the attic—in all, ten small apartments, which contain *fourteen families*. The entrance is through a narrow, dirty alley, and the yard and appendages are of the filthiest kind."

"But the most objectionable habitations in this district are the cellars, in some instances six feet under ground—which have to be bailed out after every rain storm—and are so damp as to destroy health—so dark as to prevent industry—and so low that ventilation is impossible. Though utterly unavailable for every other use, they are rented at rates which ought to procure comfortable dwellings, to persons who have become as debased in character as the condition in which they live is degrading."

"In the Sixth Ward, (which includes the notorious 'Five Points,') the manner in which vice and degradation prevail, are too well known to require description. Many are in a condition incomparably worse than the hovel dwellers, where father, mother, children and swine live and lodge together.

"These dens of squalid wretchedness, intemperance and filth, pay a rent which should afford the occupants comfortable houses. One block by enumeration, was found to contain 365 families, numbering 1562 persons ; average size of apartments 10 feet by 12 ; the ceilings of some of which were too low to allow the inmates to stand erect. Many rooms were without fireplaces, and so constructed that there was no possibility for the air to escape or enter except by the door or crevices of the windows, (all on one side.)

"The tenements, yards and sinks were all in a most filthy condition ; in several places there were accumulations of stagnant fluid, full of all sorts of putrefying matter, the effluvia from which was intolerable ; and in addition to all this, most of the roofs were leaky, and the basements, after every rain, were flooded with filthy water. Yet even these tenements rented from five to seven dollars per month—a sum which should afford the occupants comfortable habitations."

"'Rotten Row,' in Laurens street, consists of eight houses on each side of the street, with as many more in the rear, containing

not less than 1250 persons in a space of about 180 feet by a depth of fifty feet, on each side. The pestiferous stench and filth of these pent-up tenements exceed description. In one room six people are living, and hens scratching about on the bed."

"It appears as the result of an official investigation, made three years ago, that 18,456 persons were crowded together in 3,742 cellars, of which about half had but one room, and the number of inhabitants averaged over five to each basement. They are always damp, badly ventilated, generally filthy, and germinating beds of pestilence and disease. Since that time (1849) the number of these basements has greatly increased. Many of them are deluged by rain, and the foetid overflow of sinks and cess-pools; and their foul, damp, sepulchral-like air being never visited by fresh air and sunlight, they are fitter receptacles of the dead than the living."

With such facts as these before us, we need not be surprised at the bills of mortality in this city, which now approach very nearly to five hundred each week. And enquirers into the "causes of our national decay," will find here an extensive and almost untouched department of that subject.

The above mentioned Association is engaged in an important and humane labor, and we hope they will succeed in attracting public attention to the subject, and so enlist their sympathies as to work a change in this state of things.

NOTES ON ACUTE ENTERITIS.

ENTERITIS is an Inflammation of the mucus membrane of part or all of the intestinal tube. It occasionally extends to the fibrous coat, and thence to the peritonæum. The lodgment of hard and irritating fæces is its most frequent cause. Hernia and introversion of the bowels generally give rise to the most violent Enteritis. When there is the least cause to suspect the existence of hernia, all delicacy must be thrown aside, and the physician insist upon the most minute and satisfying examination of the parts subject to rupture. Death seldom takes place in this disease until the bowels have become gangrenous (in spots) upon their mucus surface.

Symptoms.—A fixed and burning pain in the umbilical region; severity of the pain sometimes increases in paroxysms, but there are no intermissions; severe and violent vomiting, by which the fæces are often ejected by the mouth; very great thirst, and most obstinate constipation; urine scanty and high colored; position on the back with the knees drawn up to the abdomen; pulse small, tense and frequent, in some rare cases full and hard; skin dry and hot.

Dr. Eberle remarks: "When the upper portion of the colon is affected, acute Enteritis is often accompanied by symptoms of pleuratic and hepatic inflammations."

Diagnosis.—The position of the patient and the very violent vom-

iting render diagnosis comparatively easy. It is most likely to be confounded with Pleuritis, from which it may be distinguished by the following signs :

ENTERITIS.

Pressure on the abdomen increases the pain.
Respiration confined to the Intercostal muscles.
Pressure on the Intercostal spaces not painful.
Pulse small and tense.

PLEURISY.

Abdominal pressure *not* at all painful.
Respiration performed by abdominal muscles.
Intercostal pressure *extremely* painful.
Pulse full and hard.

In *spasms* of the bowels we find : Pain remittant ; patient constantly changing position ; thirst absent ; skin moist ; temperature natural. The opposites of these prevail in *Enteritis*.

Prognosis.—A retiring pulse, diffusion of pain over the abdomen, coldness of the extremities, and tympanum of the abdomen are very unfavorable.

Treatment.—Make the *freest* use of *copious* injections of cold water, starch water or elm infusion. If the colon is the seat and boundary of the difficulty, the flexible catheter may be introduced several inches, and large quantities of enemata gradually injected with a 16 oz. syringe. Give freely of cold and demulcent drinks, but do not administer any remedies by the stomach. The tepid pack may be used as in Gastritis. (See second number.)

The very obstinate costiveness which marks this disease, is apt to lead to the exhibition of cathartics. Such a course would be an error, and the practitioner must on no account resort to such means. *Persevere* in the clysters and the baths. If these means do not relax and unload the bowels and quell the inflammation, the attack is in all probability caused by hernia or intestinal intorsion ; and it will be readily seen how much mischief the exhibition of cathartics would cause in either of these cases. *Mild* laxatives are admissible in the latter part of convalescence.

The subject of *Hernia* does not properly belong here, yet it will not be amiss to mention, that the Enteritis caused by protrusion of the bowels is to be freely treated by clysters and local applications of Lobelia. This will cause that relaxation of the tissues which is necessary for the surgical reduction of the rupture, and when this is successfully accomplished, the excited Enteritis will cease.

The treatment for combined Gastritis and Enteritis is to be judged from the description given of the two.

Editorial.

FEMALE PHYSICIANS.

THE propriety of admitting woman into the field of medicine, and her fitness to practice the healing art, are questions that have elicited much discussion during the past few years. Since the publication of the first number of this Journal, in which we made some remarks in commendation of Mrs. Fowler's contemplated course of Lectures, many have enquired what position we take upon this subject. In reply, we would say, that we warmly favor the education of Females for Physicians ; and we hope the day draws near when we will have a complete corps of well qualified female accoucheurs.

That the tender, maternal and sympathising nature of woman gives her very peculiar advantages as a nurse, is generally admitted ; and every disease-stricken sufferer prefers the apt and soothing bedside watchings of a woman to the more rough and uncouth attentions of a man. And that the skilfulness and faithfulness of a judicious nurse aid very materially in restoring the sick to an early convalescence, is another point that is commonly conceded. And yet we know some persons who, while admitting these things, still object to giving woman any insight into the structure and operations of the animal mechanism, though that is the only way by which she can be made a truly valuable nurse. One contends that it is *indelicate* for a woman to practice medicine ; another says that she has not sufficient physical strength to bear the burdens of such a life ; and a third objects that her mind is too feeble to sustain her through the difficulties of a trying case.

The question of indelicacy is urged in view of a female physician being called to the sick bed of a man, in which case she must enquire concerning his symptoms, his habits, the state of his secretions, and similar points which must be known before a correct opinion can be given. This is truly an unpleasant and awkward position : but how much more unpleasant and indelicate when a woman is the patient and man the physician. The same enquiries must be made, the same points understood, and the same questions asked as in the other case—and many others of a still more private nature. Besides this, most minute and highly indelicate examinations have to be made very frequently.

The usages of society have reconciled us to this order of things, but let every reader judge for himself which of the two positions is most indelicate. We think they will all conclude that the case of female physician and male patient is least objectionable. And when they have conceded this, it will be well to remember, that woman only seeks to become qualified to

practice physic among her *own sex*, and not to combat with her brother physicians for the prize, by entering into a promiscuous practice.

Concerning woman's want of physical ability to undergo the fatigues of a Physician's life, Mrs. Fowler has well remarked :

" We think it would require no more strength to be out until two o'clock in the morning, ministering to the sick and weary ones of earth, watching by the bedside of the dying, than to frequent parties and operas, night after night, to even later hours, and clad in the thin garments that are now so fashionable."

And we must not forget that, though a large portion of American women are but feeble creatures, very many are possessed of strong and enduring frames, and do daily, for a whole long life-time together, endure more exposures and hardships than any to which the most active Professional life would subject them.

As to her lack of that great requisite, firmness of mind and nerve, the mention of a few facts will be a brief but potent argument. For we all know that there are now, and have been ever since we were boys, a goodly number of women who act as midwives, and who attend a number of cases every year. There is scarcely a country village in the whole range of Northern and Eastern states, but can point to its female Obstetrician, many of whom do a larger business of this kind, than some of their more professional male neighbors. And the success that commonly attends their practice is most flattering.* From a personal knowledge of more than a dozen lady midwives, and from accounts of some dozens more, which have been given to me by brother practitioners, I can safely say, that their success is generally superior to that of men-midwives. Even in the most complicated and serious labors they are but seldom baffled or unsuccessful. And yet these are women who have never had any collegiate advantages, and possess no medical knowledge but what they have gathered by observation, and generalized by the aid of their own good common sense. Where, then, is the impropriety of giving these women ready access to medical lore, and presenting them with the facilities for acquiring a thorough practical education ? For while they continue to officiate in accouchments, is it not best that they be prepared to do so understandingly and skilfully ?

* Madame Boivin, of France, delivered 20,517 women, and of that number 16 were delivered by embryotomy, [cutting the child by instruments,] in all of which the mother recovered. Madame Lachapelle attended 15,652 cases, 14 being delivered by embryotomy, and all the mothers recovered safely. On the other hand, in the cases of embryotomy coming under the care of the most celebrated and experienced male accoucheurs of Europe, one mother died out of every five thus delivered. These facts tell wonders in favor of the educated female attendant.

We are not, as some of our friends would imply, entering upon the question of *Woman's Rights* when we open our Hall and our pages to woman. There is a wide difference between the *political* and *medical* branches of the subject. Woman's *physical* rights, and the rights due to female modesty and virtue are topics quite within the scope of a Medical, Hygienic and Philanthropic Journal.

As Medical Reformers we are in duty bound to let our portals swing wide open upon the hinges of liberality, instead of closing them against any variety of progress or improvement. And of no one thing are we more justly proud, than of having given to Woman a free entrance to the science of Medicine—a course most strangely contrasting with the iron barriers that Allopathy has fiercely and repulsively thrown across the way.

BLOOD LETTING TO BE MADE AN OFFENCE.

It is now well nigh seventy-five years since Reformers began to denounce the practice of blood-letting, and to oppose its abstraction, whether by the Lancet, Cup or Leech. All logical and analogous reasoning proves the irrationality of such a practice; the sad experience of thousands has shown it to be highly injurious to the health and vigor of the body; and we have *demonstrated* that there are simple and much more effectual means by which pain and disease may be removed.

The sole object of this mode of déplétion is to weaken and prostrate the power of the system in the most direct possible way; and it aims to undermine and impair the very germ and nucleus of life.

Blood cannot be abstracted in any quantity, even the smallest appreciable quantity, without depressing the system to an extent proportionate to the amount abstracted; and though a cessation of pain may momentarily follow the withdrawal, this result is more baneful than beneficial; for the fire which feeds the nerves is quenched, and for the moment the sense of feeling is lost.

But though our labors, through these seventy-five years, have done much toward banishing this murderous practice, venesection is still daily pushing its thousands into a premature grave. We have wrought a great change in the feelings of the people upon this subject, and few will now submit themselves to the lancet with the confidence they formerly felt. But we have no hopes of ever convincing the "*Profession*," for some minds are so peculiarly constituted, that they can never "see through" any thing that is humane, or understand any thing that has originated outside the nutshell of their own dyspeptic imagination. So we now intend to cease our efforts at conviction, take the platform of justice and philanthropy, and petition our State Legislature to pass an Act by which the abstraction of blood shall be

considered paramount to manslaughter in the second degree, and equally punishable by law.

We are not to be told that this movement is a bold one, for it is a bold one that we want. Besides, we have a precedent in this matter, for a few years ago, Wm. Turner, M. D., ex-health commissioner of this city, and leader of the Chrono-Thermal practice here, presented our Legislature with a petition of this very nature. That petition was *magnanimously* referred to a committee in which were three Allopathic Physicians, who very *disinterestedly* gave a report against it ! But this failure by no means daunts us. Blood-letting is an evil of great magnitude, and no great evil was ever removed but by fierce and repeated conflicts. The occasion *demand*s a bold effort, and we are determined that it shall be made. We will beard the old Lion in his very den ; we will buffet him in his own cave, and the grim monster of *blood* shall be made to quake and tremble.

The present session of the Assembly is too far advanced for anything to be done in this matter ; but during the coming summer we will make every arrangement, and be prepared for the session of next winter. The despot of Russia needs time to make his preparations for the Turkish war, and the despots of the Lancet will need time to prepare their forces for the prospective contest. Let them have it, for we do not wish to crush even a worm without giving it time to get from our path. But let them make good use of the days that they can call their own, for though we will not commence a battle unannounced, yet when the hour of engagement comes, we will spare no exertion to gain the victory. And as we are aware that they will need to employ all the trickery, chicanery and low cunning they can muster, before they will be able to make even an appearance of opposition to our petition, we cordially advise them to be stirring.

During the summer we will draft our petition, and send it throughout the country, that every man may have an opportunity to affix his name thereto ; and we extend the right hand to the Chrono-Thermals and the Hydropaths, and invite them to join with us in our demonstration. Come, friends, there may be differences between us on other points, but we are all united on this one. This enemy is common to us all ; then let us join together for his overthrow and annihilation. Let us roll up our united batteries to the attack ; and let us raise our united voices in appeal, and continue the onset until Humanity receives its claim from the hand of Justice. What say Drs. Trall, Turner and Shew ?

EDITORIAL ASSISTANCE.—We are pleased to be able to announce that Prof. I. M. Comings, of this city, and A. R. Porter, M. D., of Haverhill, Mass., will hereafter assist us in the conduction of the Journal. The deserved popularity of these strong and learned writers renders this acquisition a

valuable one, and cannot fail to prove as gratifying to our friends as to ourselves. The arrangement will be entered into by our next number, and our united efforts shall be untiring for the service and gratification of our readers.

All communications, monies, questions, &c., are to be sent to ourselves as before.

THE JOURNAL.

Our paper has now reached its third issue, and the encouraging words and *substantial* marks of approbation which our friends have thus far sent us, spur us on to make vigorous efforts for the future. Few things on earth are more stimulating to mind and muscle than kind words and *prepayments*—given to an Editor. In our own case these stimuli are felt most sensibly, and if our friends will continue to send in their little "*Bills*," we promise that we will return them a paper full of as valuable and interesting reading "as can be had for the money."

Up to the publishing of this number we have worked, for the most part, single handed and alone ; for the time between the broaching of our project and the commencement of operations was so short, and came upon our friends so unexpectedly, that they have not been able to rally to our assistance. But now all our preparations are completed, our co-workers begin to pour in their communications, the printer has got his apparatus arranged, and we find every thing in good working order. The causes which have operated in delaying the appearance of our first and second numbers, no longer exist, and hereafter our subscribers will receive their Journal regularly on the first of every month. We will not stint either our efforts or zeal, and every thing that lies in human power shall be done to gratify and interest our two thousand readers.

Among our contributors we count the most experienced, popular and learned writers of the Reform School : two assistants will soon be associated with us in the editorial department ; and all the Medical Literature of America, England and France comes to our desk regularly, and at the earliest hour. Thus we possess every facility for filling our Journal with more variety, more interest and more science than has ever before been found in a Medical Reform Periodical : and it is our determination to try to make it a model of a Popular and Professional Journal.

Of our readers we have but one request to make, which is that they will send in their subscriptions in "good season." A few willing hands have taken hold of this enterprise, and will carry it out at an expense approaching well nigh to a thousand dollars. No selfish or party motive has influenced the undertaking, or will in any wise influence its conduction. *Cliques and*

factions have no existence in our midst, but the best and most efficient means for advancing great medical truths is the object upon which we concentrate our energies. Fully realising the importance of a monthly publication, we have commenced this Journal; and we hope that, as the cause in which we are laboring is one of equal interest to us all, all will look upon it as belonging to themselves, and take a proportionate interest in its support. *One dollar* is but a nominal sum to you, and you may think it too small for us to speak about; but when we expend a *thousand* in furnishing you with the cream of current medical information, it is an item of some moment. Put to yourselves the question: Do I receive a dollar's worth of good from the Journal? If you think that you do, we know that you will act as you think. And bear in mind that, as prevention is ever better than cure, a dollar in advance is better than one and a half at the end of the year. You need have no fear that you will do too much for us, for when all pay who will, there is generally a large number of persons who take a Medical Journal, and then forget the Editor's address. But we have every confidence in the generosity of Medical Reformers, and entertain no fears for the day when we intend to balance our year's accounts. And if they send us their dollars as fast and promptly as we believe they will, we will be spared the necessity of alluding to this subject again, and will have so much more room to devote to matters of greater importance.


INTRODUCTORY ADDRESS.—Prof. I. N. Loomis will give the introductory address at the commencement of the coming term of Lectures on the 13th of this month, at the College Hall. The brilliant talents of this gentleman, his classical acquirements, and the force of his elocution will make his address a feast to all who may be fortunate enough to be present. We again extend a cordial invitation to our friends to be with us on that interesting occasion, and we will take upon ourselves the responsibility of promising them an intellectual and scientific treat, largely repaying them for their trouble. Come, friends, come up and enjoy yourselves.

How is It?—In the first (February) number of the Syracuse Medical and Surgical Journal, the Publishers state there is a necessity of starting such a publication, "because there is now none of the kind in this state," yet in the editorial pages of the same number, our Journal figures as *one*, in a list of Medical Reform Journals, we having been in existence a month before the birth of the Syracuse Journal. How comes this mistake?

EXCHANGES.—All Exchange papers should be addressed "Journal of Medical Reform," Chatham Square P. O., New York.

Miscellany.

LONG LIVES AND HEALTHY ONES.—“How few really die of old age!” says Dr. Van Oven, in an interesting volume he has just published in London, on the causes of longevity. To prove the truth of his remark, he gives tables of 7000 persons who lived to ages from 100 to 185 years. The following are some of the instances he refers to:—“Parr’s death at 152 was premature, induced by a foolish change from the simple diet and active habits of a peasant to the luxurious ease and exciting foods of a country gentleman. His body was examined by the great Harvey, who found all the organs in so sound a condition, that, but for intemperance and inactivity, he would in all probability have lived many years longer.” An English gentleman named Hastings, who died in 1650, at the age of 100, rode to the death of a stag at 90. Thomas Wood, a parish clerk, lived to 106, and “could read to the last without spectacles, and only kept his bed one day.” J. Whitten, a weaver, “was never sick, never used spectacles, hunted a year before his death, and died suddenly,” at the age of 102. Francis Atkins “was porter at the palace gate, Salisbury. It was his duty to wind up a clock which was at the top of the palace, and he performed his duty until within a year of his death (102.) He was remarkably upright in his deportment, and walked well to the last.” Margaret M’Dorval, a Scottish woman who died at 106, “married thirteen husbands, and survived them all.” Cardinal de Sallis, who died in Spain in 1785, at the age of 110 used to say—“By being old when I was young, I find myself young now I am old. I led a sober, studious, but not lazy or sedentary life; my diet was ever sparing, though delicate; my liquor was the best wines of Zeres and La Mancha, of which I never exceeded a pint at a meal, except in cold weather, when I allowed myself a pint more; I rode and walked every day, except in rainy weather, when I exercised for two hours. So far I took care of the body; and as to the mind, I endeavored to preserve it in due temper by a scrupulous obedience to the divine commands, and keeping (as the apostle directs) a conscience void of offence to God and man.” J. Jacob, a native of Switzerland, “when 127 years old, was sent as deputy to the national assembly of France.” He died the following year. Others might be mentioned, but we have only room to add, that within the past two centuries and a half, ten well-certified cases of individuals in England and Wales living from ages ranging from 152 to 200 years, have occurred; and here, in modern times, we have repeated the length of days commonly believed to belong exclusively to the patriarchal ages.

 A few days since a ferret which was in a box in the room of a *garde champetre*, near Orleans, in France, where a child placed there at nurse by

gentleman of that city, was asleep in a cradle, got out and attacked the sleeping infant. The wife of the man, who was washing in the next room, at first paid no attention to the cries of the child, but when they at length became louder she went in, and found that the animal had eaten away its lips and nose, and was just beginning to attack its eyes. A medical man was sent for, and he declared that it was probable that the child's life would have been saved.

FOR OBTAINING SKELETONS OF SMALL ANIMALS.—Put any subject—such as a mouse or frog (if a bird, strip it of its feathers) into a box perforated with a number of holes. Let it be properly distended, to prevent the parts from collapsing, or being crushed together by pressure of the earth. Then place the box with its contents in an ant hole, and in a few days it will have become an exquisitely beautiful and perfect skeleton. The ants will have consumed every part of it except the bones and ligaments. The tadpole acts the same part with fish that ants do with birds; and through the agency of this little reptile, perfect skeletons, even of the smallest fishes may be obtained. To produce this it is but necessary to suspend the fish by threads attached to the head and tail, in a horizontal position, in a jar of water, such as is found in a pond, and change it often till the tadpoles will have finished their work. Two or three tadpoles will perfectly dissect a fish in twenty four hours.

We hope our numerous friends throughout the country will imprint the above item on their memories, and put the simple and ingenious plan in operation during the coming summer. In this way they can obtain a complete collection of small skeletons, and their labor would be ten-thousand fold rewarded by the appropriate adornments which would be thus added to their offices. And while they are engaged in the operation, we would advise them to get some of those specimens and send them to us for the museum of the Metropolitan College. They will make their names gratefully memorable by aiding us in our collection for a museum of comparative Anatomy. Birds, squirrels, cats rats, &c., &c., will be alike acceptable.—*Ed.*

INSANITY AND TOBACCO.—It is said that numerous cases of confirmed insanity, now among the inmates of our asylums, may be traced directly to the excessive and almost constant use of Tobacco. Frequent suicides are also traced to the same cause. Digestion is impaired, the nervous system becomes deranged, dyspepsia follows, and a kind of delirium tremens takes possession of the patient. The high-wrought mental excitability of many young men, brought on by the use of tobacco among the students in our colleges and literary institutions, is one most potent cause of premature *decline* and *insanity*.

A singular case of death recently occurred in South Boston. The victim was a teamster in the employ of Asa Ford, named John McGrath. A week since, he was driving his team, when the end of his whip-lash accidentally struck his right eye, inflicting a severe wound from which the blood flowed freely. On the day after the accident the eye began to be very painful, and a surgeon was called who applied leeches. The man without proper caution, was out in the air, and in a few days died from an attack of the lock-jaw.

WHERE "IGNORANCE IS BLISS."—Yesterday morning, the following certificate, from a Disciple of Æsculapius, was returned to the City Inspector:

"This is to certify that a still-born-child of William H—, at No—Eighteenth Street, died still-born, on the third of January, 1854.

Cause of death Apoplexia.

Color, white."

Dr.—, Physician.

No.— Avenue C.


The medical fraternity in our city have of late made much noise about the incorrect classification of disease in the Inspector's office, yet here is a case from a "Regular" who reports the cause of death in a "still-born child" Apoplexia." Certainly the Dr. Physician is a son of science.

Were this a solitary case it might be allowed to pass, but hundreds of equally stupid certificates are returned to the Inspector every year. A gentleman of our acquaintance has, in the space of eight years, collected enough similar cases to fill a peck measure, and these are only a shadow of the real number. Such is the "science" the "erudition" of the "Regular" Profession.

A woman living in the eastern part of Dayton, Ohio, a short time since presented her husband with a boy who weighed just one pound. His first bed was made on a common sized dinner plate. The event has created a great sensation in the Convention city.

The physicians of Worcester, Mass, have like other laboring people struck for higher wages. Hereafter they will charge for an ordinary visit, \$1 for a night visit, \$2; and for a consultation visit, \$3. The new tariff, they say, will correspond in some degree with the increased expenses of living.

DANGERS OF CHARCOAL FURNACES.—A man named Andrew Courtney, was brought to the N. Y. Hospital yesterday morning, suffering the effects of having slept in a freight car of the Harlem Rail Road, where a charcoal fire had been lighted. His recovery is doubtful.

 A farmer in France, near Rodez, was in the habit of cruelly ill-treating his horse. A few days ago the animal being at liberty, rushed on him, threw him down, trampled on him, and bit him severely. He uttered loud cries, but it was some time before they were heard, and when at length some persons went to his assistance he was quite dead.


NEW BOOKS.

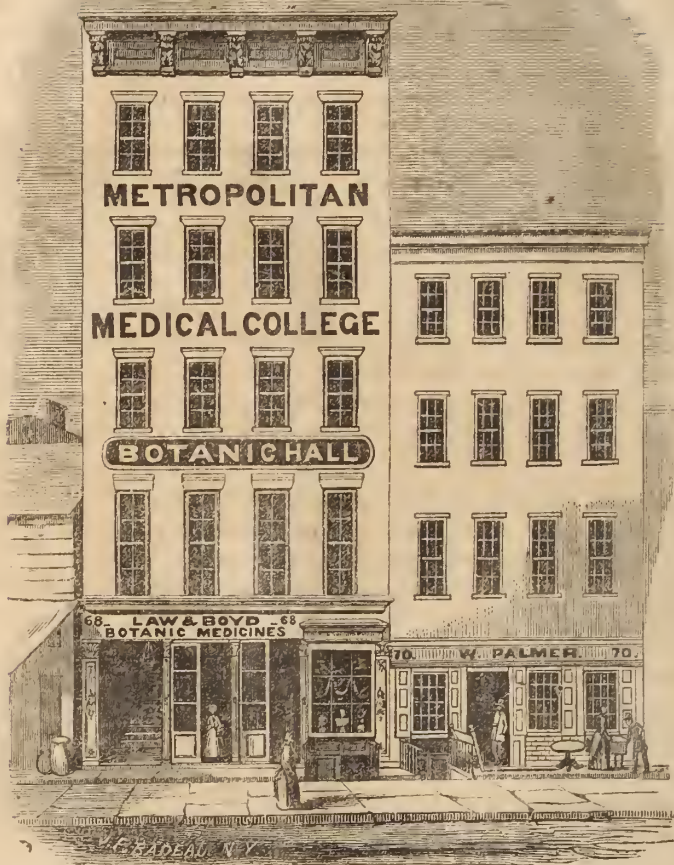
TEXT BOOK OF ANATOMY, and Guide in Dissections, for the use of Students in medicine and Dental Surgery, by W. R. Handy, M. D., with 264 Illustrations. Philadelphia, Lindsay & Blakiston.

Of Anatomical Text Books there is a sufficiency, almost to repletion, and a new one would seem at present almost unnecessary. And yet we consider the book before us is one that will soon be in large demand as a condensed and lucid authority in matters of general and Dental Anatomy. The author has made a book, which is unusually interesting for one upon a subject so commonly considered "dry." The ample account he has given to that branch of Anatomy which has a special connection with scientific dentistry, is a new feature in such a work, and one which adds much to the value of this volume. Some of the wood cuts, by which the text is illustrated, are rather worn, and it would have been an improvement if new and more modern ones had been used in some instances. But the typography of the book is excellent, and its merit renders it deserving the position of a standard authority.

HUMAN ANATOMY, PHYSIOLOGY AND HYGIENE, by T. S. Lambert, M. D.

A new edition of this work has lately been issued. The author has made a great many revisions, and added much new matter, and the publishers have done justice in its printing. Still the work lacks that conciseness and pithy clearness which should mark a work written for schools and popular reading. The information is in the main correct, and there is much of it, but several of the illustrative comparisons are inappropriate, and others too far fetched. We wish Dr. Lambert every success in his efforts to spread Physiological knowledge, but this book needs still another revision.

 We are in receipt of the Hydropathic Quarterly Review for February; Fowlers & Wells, Publishers. Among the communications we notice articles from R. T. Trall; J. Shew; E. A. Kittridge; Levi Reuben and G. H. Taylor. The names of these, the most distinguished writers of the Hydropathic School, is a sufficient guarantee of the excellent character of the work. The energetic publishers issue it in their usual good taste, though we notice several bad typographical errors.



METROPOLITAN MEDICAL COLLEGE.

The second course will be opened on the second Monday of the coming March, at the Hall, 68 East Broadway.

The whole fees for matriculation, Museum, Hospital privileges, and Lectures in all the departments will be, - - - - - \$100,00

Graduation fee, - - - - - 20,00

Indigent Students may make private agreement with the Faculty, so that they may secure their attendance on less terms.

THE Journal of Medical Reform.

APRIL, 1854.

Selections.

From the Peninsula Jour. of Medicine.

POST-MORTEM EXAMINATIONS.

BY S. H. DOUGLASS, M. D.

CONSIDERING the extent of ignorance that prevails in the medical profession upon the proper mode of conducting post-mortem examinations in cases of suspected poisoning in which legal investigations are to follow, a few plain instructions may not be amiss to our readers.

The laboratory of the University of Michigan is the natural centre for the State, to which packages for analysis in such cases would be directed. Several years experience in connection with this laboratory shows the fact that scarcely one in ten of those packages come to hand in form, and through such channels, as that the chain of medical evidence would be complete in a case of criminal prosecution. This ignorance of the profession is in some measure excusable, upon the ground that the books are comparatively silent upon the points to which we refer. The evil arises out of a want of attention to what might appear to most persons, upon first thought, as simple and unimportant particulars. It should, however, always be distinctly borne in mind, that in all criminal prosecutions where doubts can be thrown around a case, (and the counsel are not usually slow in the introduction of these doubts,) the prisoner is to have the benefit of them.

When called upon to make an examination in case of suspected poisoning, we should first inquire whether it is to be made under the direction of the proper authorities, *i. e.*, a Coroner's Jury or Prosecuting Attorney. If the body has been already buried, and is to be exhumed, the examination is best made in the open field. It is only necessary to remove the lid of the coffin, without removing the remains. But before this is done, all persons not officially present, or

who are not to be used as witnesses, should be removed at such distance as by no possibility they can clandestinely introduce any substance that may afterwards embarrass the analysis or lead to false conclusions. This accomplished, we may safely remove the lid and proceed to the examination. We should first carefully inspect the exterior of the body. Every unusual appearance should be noted, such as the expression of the countenance, appearance of the skin, state of decomposition, etc. These exterior appearances may furnish but slight evidence, if any, of death by poisoning; they must, nevertheless, be noted, for in a judicial investigation they will most certainly be subjects of inquiry. The jury and counsel are, unfortunately, not usually versed in toxicological science, and hence are prone to place undue importance upon these exterior appearances. For this reason, or perhaps in part from a morbid curiosity, they not unfrequently form the great body of the medical evidence. The witness who has not carefully examined the case in this respect, acquits himself but poorly. The counsel in the cross-examination, always ready to take advantage of his apparent ignorance, press him with vexatious questions, the jury lose their confidence in him, and he retires from the witness-stand with little credit to himself or the profession he represents, even though he may have acquitted himself honorably in the judgement of that profession.

The exterior of the body having been carefully inspected, we proceed to lay open the abdomen and secure, *first*, the stomach and its contents. This is effected by passing a ligature around either extremity and removing it entire. Inasmuch as the mucous surface cannot be examined without a sacrifice of its contents, it is better to defer such examination until such time as the analysis shall be made. *Second*, portions of the small and large intestines. These should be secured in the same manner, that is, by ligaments, before removal. *Third*, portions of the liver, spleen, and kidneys.

Having removed these articles, the question arises as to what disposition shall be made of them. This is an important consideration, in which the profession are very liable to err. A specic jar should be procured, and its cleanliness secured by washing in pure water. The *material* introduced, the top may be secured by a piece of wet bladder or clean oil skin, firmly stretched and tied. The ordinary tin cover may be placed over all. In doing all this, the contact of the *material* with any substance not known to be clean should be carefully avoided. Thus we should particularly avoid allowing it to come in contact with the lid of the coffin or the coffin itself; for the brass or German-silver nails with which it is made contain arsenic, and sometimes other poisonous elements. The nails have been placed in circumstances the most favorable for rapid corrosion, and mere contact of the wet material might communicate sufficient arsenic to give an arsenical reaction. If the jar is designed to be conveyed to a distance for the analysis of its contents, the cover should be

secured by the private seal of the person making the examination, and placed in the custody of the proper officer, who should deliver it *in person* to the chemist. After securing the above articles for chemical analysis, Mr. Taylor gives the following general instructions for extending the examination: "1st. Examine all the important organs for marks of natural disease; and 2d. To note down any unusual pathological appearance or abnormal deviations; although they may at the time appear to have no bearing on the question of poisoning. It is useful to bear in mind, on these occasions, that the body is inspected, not merely to show that the individual died from poison, but to prove that he has not died from any natural cause of disease. Medical practitioners commonly direct their attention exclusively to the first point; while lawyers who defend accused parties very properly direct a most searching examination to the last mentioned point, *i. e.*, the healthy or unhealthy state of those organs which are essential to life, and with which the poison has probably not come in contact."

When all these precautions are taken, the chain of medical evidence in most cases may be said to be complete. It is much to be regretted that the course we have indicated is not often followed. Thus the examination is usually made in the presence of an indiscriminate crowd of idle spectators; the exterior appearance of the body is not observed; the stomach is left open and the contents lost; for the purpose of removing the stench, (or possibly to embarrass the analysis,) some chloride of lime is added; instead of the clear jar to secure the material, it is wrapped in several newspapers, thus allowing the printer's ink to impart a fair share of its antimony, zinc, lead, and arsenic; no means are taken to preserve the identity of the material. Being too foul to be taken into the interior of a house, it is left in a thin pan or old platter in the open field for hours together, in the keeping of the crowd. It is not sent to the chemist by special messenger, but by express, or by some chance person who may be passing that way on his rout to California, or some distant or unknown point. He leaves it at the depot or in the hands of the runner for the hotel, who, after having satisfied his curiosity as to the contents of the "newspaper," conveys it to the chemist. The chemist makes his analysis, and in the judicial investigation all these facts are made to appear—a multitude of doubts and uncertainties are thrown around the case. The prisoner is to have the benefit of these doubts. The strongest circumstantial evidence has satisfied the public of the guilt of the accused, and yet he is suffered to go at large; for the evidence of the chemist and professional man proves utterly worthless against such an array of doubts; arising from a want of attention to a few *apparently* unimportant particulars in the first examination.

SUPPRESSION OF ARTERIAL HEMORRHAGE.

BY PROFESSOR S , OF EDINBURGH.

IN the first place, you should hold it established, that it is always desirable, if possible, to arrest bleeding from arteries by means applied at the seat of injury. Secondly, you may be assured that bleeding at and below the wrist, and at and below the anele, is always under the control of pressure, provided it be properly employed,—that is, not superficially, but from lint or some other suitable substance being introduced into the wound, and made to press directly upon the orifice of the vessel. Thirdly, in wounds of all arteries, accessible between the limits just mentioned and the heart, the vessel should be exposed at the seat of injury, and tied on both sides of the wound, it has sustained. This principle has been so loudly maintained by Mr. Guthrie, that I believe some people have given him the credit of its origin; but it has been long established as a sound principle of practice by surgeons of the highest eminence both at home and abroad, and more especially by Mr. John Bell, of Edinburgh, in whose “Principles of Surgery” you will find many graphic and impressive lessons of the effects resulting from attention to it, and also from its disregard.

One evening I received a message from the Northern Railway, that there was a steamboat waiting at Granton to carry me across the firth to Burntisland, where a special train would be ready to proceed onward, but whither, or for what purpose, there was no information. Having travelled a considerable distance, I met several practitioners, of great experience and intelligence, who were suffering much anxiety in regard to a youth in whose forearm an incision for an abscess had bled profusely. As it was quite away from the radial artery, the ulnar was concluded to be the source of hemorrhage, and had been sought for by dissection upwards towards the elbow, along the course of the muscles between which it is wont to run, but without success; and, as the patient seemed little able to bear any further loss of blood, it was deemed desirable to have a consultation as to the most efficient measure of relief, even though it might involve ligature of the humeral artery, or removal of the limb. Acting upon the principle above mentioned, I scratched away the clot at the bleeding point, from which a copious stream instantly issued; but arresting this with my thumb, pressure being made at the same time upon the humeral, I dissected a little through the adjacent texture, and brought into view a large artery, under which a double ligature was passed and tied on both sides of an aperture distinctly visible in its coats. In less time than I have been taking to describe the process, the patient was thus transferred from a state of extreme danger to one of perfect safety. The artery was obviously the ulnar, which had come off higher than usual from the humeral, and pursued an irregular course externally to the fascia of the forearm, thus explaining how it had been wounded by the superficial incision, and how it had

escaped the deep dissection.—The fourth rule I have to offer is, that when aneurism forms after the wound of an artery, the same means should be employed as in the first instance, unless the vessel concerned be of large size, and admits of having a ligature applied to it, without the intervention of any large branch between the seat of obstruction and the wound. The formerly not uncommon case of aneurism at the bend of the arm, as a consequence of the humeral artery being wounded in venesection, affords a good illustration of the advantage resulting from attention to this rule, since relief was thus afforded much more easily, safely, and securely, than by ligature of the humeral farther up the arm.

To illustrate the exception mentioned, I may relate the case of a young man who, in one of the most remote of the Orkney Islands, accidentally thrust the blade of a knife into the middle of his thigh, so as to wound the femoral artery. The blood gushed forth with great violence but was restrained by a compress, formed of eight half-crowns, wrapped in a piece of cloth. The wound healed, and an aneurism soon afterwards appearing, he was sent here to my care. Respect for the general principle, and suspicion from the purring sound that there was a communication between the artery and vein, suggested considerations which were opposed to ligature of the femoral, but I nevertheless preferred this operation, as the ligature could be applied without the intervention of any considerable branch; and I accordingly performed it, with the happiest result.

The following case will show the danger of not strictly limiting exceptions to the rule within the limits which have been mentioned. A middle-aged woman, in a country town, while walking up a steep and slippery ascent, and carrying a knife, with which she had just killed a pig, fell, and thrust the sharp point of the blade completely through her leg, a little below the knee, entering between the tibia and fibula, and issuing at the lower part of the popliteal space. Blood gushed forth from both openings, but when she was laid in bed, ceased, and did not return. At the end of a fortnight, the wounds having healed, she attempted to walk, and found that a swelling had taken place at the seat of injury, on account of which, by the advice of her medical attendant, she came here to be under my care. On examination, I found a large pulsating tumor in the fore part of the leg, immediately below the knee, and another of equal size in the popliteal cavity.

Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and, on the whole, being inclined to think that the one last mentioned was most probably concerned, in which case ligature of the femoral would be the proper course, I adopted this measure. No bad consequences followed the operation; the tumors ceased to pulsate, and favorable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated

contents, and applied firm pressure between the tibia and fibula, whence the blood was found to issue. Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that in this case, if the state of matters could have been ascertained, and a ligature applied to the anterior tibial, which was divided just before it passed through the interosseous ligament, both the limb and life of the patient would have been preserved.

From the Edinburgh Journal of Med. Science.

GALVANISM IN FECAL OBSTRUCTION.

BY R. CHRISTISON, M. D.

ABOUT two years ago, a gentleman from Wigtonshire a landed proprietor, attached to agricultural pursuits, and therefore not without free air and exercise, consulted me about a serious difference he had with his medical advisers in the country. Having recently recovered under their care from a severe pneumonia, they made the not unreasonable stipulation, when they ceased to attend him, that he should take a laxative every three days, to correct a constipated habit. To this he demurred, on the very natural ground, that until his late illness he had enjoyed excellent health for sixty years, although his bowels had been habitually moved all his life only once a fortnight. This gentleman had made a journey of 120 miles for no other reason than to get the question between him and his physicians settled by some competent authority in therapeutics; and, in referring to me for the purpose, he mentioned, for my further guidance, that a neighboring gentleman of his acquaintance, of the age of 70, had told him, that he, too, had immemorially evacuated his bowels only every alternate Sunday, without being able to recollect having ever had an illness. It was scarcely to be wondered at their common experience half inclined them to think that their constitution was the natural and practical one.

Our hospital patient seems to have been of the same opinion with these elderly agriculturists. Like them he has had some experience of his life, being now 74. Like them, too, he has enjoyed singularly good health, being a surprisingly fresh-looking man for his years, notwithstanding that he has passed through severe trials in early life. As a soldier in India he sustained, when very young, a spear wound of the leg, where he has almost ever since a small open ulcer, which he ascribes to the spear having been poisoned. In the Spanish war he was wounded at the battle of Baossa, in 1811. There are now evident marks of the bullet having passed through him from the left groin, piercing the blade of the *os ilium* in its course. For two years he lay in hospital; and recovering with a shortened limb and stiff joint, he was invalided on a pension one and sixpence halfpenny as a wounded serjeant and soldier of twenty-one years' service. This he has enjoyed for forty-one years. Nor has his wound much incapa-

citated him ; because for many years, and down to his present illness he had actually worked as a railway laborer. During this long period he lived on his pension and wages in great comfort and sound health, until, on lately leaving off work, he became liable to constipation. At first his bowels were moved every other day in general, and afterwards seldom oftener than once a week, unless he took physic, which he did seldom. At last the action of the bowels seemed to cease altogether, and he went for four weeks without any evacuation, even though he made occasional trial of a laxative. At the end of the fourth week, a strong dose brought away a great accumulation. After that he had no further evacuation, and it is now three weeks ago. He had again made a few gentle attempts to assist nature ; but he did not much insist upon this, because his lodging-house had no convenience, as he said, for a man under physic. During the entire period of seven weeks, he assures us he had no pain or other suffering whatever. But at last his belly got very large, so that his trousers would not button over it ; and on this account he applied here for relief.

On admission he had no appearance of any suffering. He seemed a fresh, vigorous, active, cheerful man. He took his food tolerably well ; the pulse was natural : and the tongue was only a little furred. "The abdomen," to quote the Hospital journal, "is much distended, especially in the iliac regions, where there are two large prominent swellings projecting laterally, so that the crest of the ilium on each side is quite sunk, the tumors projecting much beyond the bones. There are different irregular swellings at different parts of the abdomen, especially in the tract of the colon. Over some of these points percussion is quite dull ; over others it is tympanitic. The circumference of the abdomen, where largest, is 39 1-2 inches."

As it was judged unsafe to give him active purgatives by the mouth at once, in case of the great gut being firmly obstructed with hardened faeces, a turpentine injection was properly administered by the clinical clerk in charge of him. The result was a "prodigious discharge of fecal matter of all degrees of consistence," much of it composed of very hard scybala. A dose of jalap and calomel given immediately after this forerunner, brought away also a great mass of feculent matter. Next day being quite well, but with the abdomen as large as ever, another similar dose occasioned only an ordinary discharge. On the third day, the swelling being equally great, though now quite uniform, and everywhere clear of percussion, I gave him what has always appeared to me the most effectual of all safe energetic purgatives in cases of simple fecal accumulation—two drachms of oil turpentine with six drachms of castor oil in the form of emulsion. But he had only two scanty loose discharges, and the belly continued in the same state, presenting especially the singular enlargement and overlapping of the iliac regions.

It was now apparent that, owing to long continuous distentions of the bowels with faeces and gases, their muscular coat had lost its tone,

in some regions at least, and especially in the cœcum and descending colon. It was then proposed by the clinical clerk to resort to galvanism for relief from this paralytic condition; which suggestion was at once adopted. It is more than 25 years since galvanism was recommended as a useful remedy in cases of obstinate constipation; and we can easily see that it may be useful, and upon what principle it acts. The first way of using it was by directing the galvanic current from the mouth to the *anus*; and in that way it seems to have been most effectual and prompt in some cases. But its action thus is rather painful; and ulterior observation has shown that passing the current in various directions through the abdomen itself may be sufficient. This remedy seemed even more applicable to the state of our patient after the bowels had been cleared out. And accordingly it acted with wonderful energy and success. After the current had been passed for some time from before backward, as well as from side to side, he had in an hour a copious evacuation, in three hours another, and next morning a third. Flatus was also discharged in abundance; and the abdomen fell greatly, but still not completely, above all in the iliac regions. The pain of the galvanic action, however, had been so great that the patient begged to have a day's respite. In fact, he declared his willingness, and confirmed it with an oath, that he would rather be shot again than submit to be galvanized a second time. On the second morning, however, the remedy was applied more gently, and on two mornings subsequently. He had a daily discharge from his bowels, and sometimes two. The abdomen had now become natural in size and form. Since then he has a natural evacuation every morning, without aid from either laxative or galvanism. He was dismissed after being fourteen days in the Hospital.

This is a case a little out of the common run, but not without instruction; and I have therefore thought it well to bring the chief circumstances under your notice. It is an excellent illustration of the influence exerted by galvanism over the animal functions. It appears to me to hold out a probability that the same remedy may prove serviceable in restoring the tone of the intestinal muscles, in other forms of inconvenient chronic flatulent distentions of the abdomen.

From Braithwaite's Retrospect.

EXCISION OF THE KNEE JOINT

BY MR. G. M. JONES.

THE following description of the operation of excision of the knee-joint as performed by Mr. Jones, of Jersey, in a case under his care, will show the formidable nature of the operation, and can scarcely fail to be interesting. The case was one of extensive ulceration of the cartilages. It is gratifying to know that the result was completely successful. It was performed as follows: A longitudinal

incision was made on each side of the knee-joint, midway between the vasti and flexors of the leg, full five inches in extent; rather more than half the length was over the femur and rather less over the tibia. These two cuts were down to the bones; they were connected by a transverse one just over the prominence of the tubercle of the tibia, care being taken to avoid cutting the ligamentum patellæ by this incision; the flap thus defined was reflected upwards, the patella, its ligament, and the joint thereby exposed. The synovial capsule was cut through as far as it could be seen; the patella and its ligament were now drawn over the internal condyle, while the joint was kept extended. It was next forcibly flexed, the crucial ligaments, breaking in the act, only required a slight touch of the knife to divide them completely, the articular surfaces of both bones were thus completely brought to view, and nearly two inches of the femur and half an inch of the tibia were sawn off, the soft parts being drawn aside by assistants. The external condyle of the femur was found hollowed out by a large abscess, and it was necessary to saw off a portion of the carious bone, and to gouge the remainder, until healthy cancellous tissue was reached. The entire synovial membrane was in a state of pulpy degeneration, and was carefully dissected off. The hemorrhage had been rather great, but had now almost ceased, and no vessel required deligation. The blood was sponged out of the wound, the patella (after the diseased portion had been gouged out) and its ligament were replaced, as nearly as possible, in their natural state, the bone brought in apposition, the flap brought down and held by sutures, the limb bandaged on a slight under-splint and laid in a box, the wound covered with moist lint, and the boy put to bed yet asleep. The operation occupied full twenty minutes, and was performed while the patient was under the influence of chloroform.

Original Communications.

INFANT RESUSCITATION.

DOCTOR COOK, Dear Sir;—I read, with much pleasure, an article from the pen of Dr. Mattocks, which appeared in the last number of your Journal. I allude to the "Obstetrical case," in which the child was still-born, but was restored by stripping the blood (vital heat,) from the placenta to the babe. As this case was interesting to me, another one very much like it in its final results, may prove of further interest and profit to some of your readers, so I will give it you in brief.

About six years ago I was called to attend Mrs. P. of this place, in her fourth confinement. By the time I arrived the labor had made considerable progress; and upon examination I found that the *funis umbilicus* presented. "The Books" put this down as fatal to the child, for the cord gets between the head and the pelvis, and the

pressure impedes the circulation from the mother to the fœtus. A case of this nature has never come under my observation, but what the child was dead born. In the present case I immediately informed the husband of the situation of the patient, and of the probable termination of the labor. He thought it would be best to keep the matter from the knowledge of the mother; and so the labor progressed regularly, and after a medium duration, a dead child was delivered.

After the child was born, and the patient comfortably cared for, I informed her that the babe was a still-born one. At this she mourned very much (she has just lost a very interesting girl aged three years) and she begged me to use every means to resuscitate her babe. To assuage her grief I placed the child upon my lap, and laid the unsevered placenta over its umbilicus. Cloths were then wrung out of hot water and placed upon the maternal surface of the placenta, and at the same time the cord was briskly "stripped" from this toward the infant. In a short time the child gasped for breath; in half an hour it inflated its lungs well; it lived, and is now (sixth year) a fine healthy child.

Would it not be well for the accoucher to persevere longer in his efforts to resuscitate children apparently still-born?

BOTANICUS, SENR.

New Haven, Feb. 12th 1854.

REMARKS.—While the subject of resuscitating still-born infants is before our readers, we will present them with two other cases of a nature similar to those already published.

Dr. Mattocks has told us of an instance in which a woman miscarried, with her first child, in the eighth month of pregnancy, in consequence of a fall four days prior to the abortion. The fœtus must have been killed at the moment of the accident, for mortification had commenced in both the upper and lower extremities, and the skin of the feet came off upon handling. As the placenta came with the child, the Doctor determined to try an experiment, and so he threw the after-birth upon a bed of coals, wrapped the child in a warm blanket, and placing it upon his knee, actively stripped the umbilicus toward the babe. As soon as the placenta and cord, with the contained blood, became warm, the child gave slight signs of life, and after an hour's labor in this way, it inflated its lungs quite fairly. The cord was then severed, and the child lain on a chair, where it continued to breathe and moan for a full hour, when it died.

This case is so astonishing that Dr. M., has declined publishing it, lest it might not be credited. We give it now on our own responsibility, and without the doctor's knowledge, for it is an item of too much interest to be lost to the Obstetrician. The known veracity of Dr. Mattocks places the truthfulness of the case entirely beyond doubt.

We are ourselves acquainted with a lady who was born at the eighth month of her mother's first pregnancy, and weighed but two and one

quarter pounds. She was dead born, and appearing a matter of no consequence, was wrapped in a cloth and placed upon a chair while they were attending to the new delivered mother. While there, one of the attendants became faint from witnessing the profuse hemorrhage of the mother, and sank into the chair and upon the child, crushing its head out of all shape, and breaking the collar bone and two ribs. An hour after this the physician turned his attention to the child, and feeling the body warm, imagined there might yet be life. He at once readjusted the head to a proper shape, and commenced inflating the lungs and stripping the cord, (unsevered.) In two hours time the child recovered fully, and is now a large and fully developed woman, a very sample of health and physical beauty.

With such striking instances as these before us, we think no accoucheur is justifiable if he neglects to use every means which may be calculated to restore the circulation in babes apparently still-born. And indeed he should make it a rule, a *rule without exception*, to apply his finger and thumb to the umbilical cord, and force *all* the placental blood into the child before the cord is tied or severed.—*Ed.*

GRAHAM ON TYPHOID FEVER.

BY P. JOHN, M. D.

IN the 3rd number, page 294 of the Charleston Medical Journal and Review, will be found an able article on Typhoid Fever by Dr. Graham, the object of which appears to be twofold;—1st. To protest against the active measures generally instituted in this disease. 2nd. To detail the superiority of a *mild* and *sanative* treatment. Such testimonies and confessions as those of Dr. Graham, coming as they do from members of the Old School profession, and emanating from *fellows* of “legitimate medicine,” the votaries of “old physick” should reflect upon them soberly, for they cannot throw them aside with a slight, as evidence manufactured for the purpose of bolstering up an antagonistic theory.

It appears from Dr. G's. article that sometime in the autumn of '51, D. J. Cain, M. D., one of the Editors of the above named Journal, published an elaborate essay upon the causes and treatment of Typhoid Fever. The treatment he recommended was of the “heroic” kind, placing great reliance upon Hydrargyrum and its kindred preparations. This essay gave rise to the article of Dr. Graham, who commences thus;—

“The writer of the present article begs leave to enter his respectful protest against the plan of treatment recently recommended for Typhoid Fever by the senior Editor of the Charleston Medical Review. The author of the article alluded to is well known for the ability which he invariably brings to the support of any theory or practice he advances, and, on that account, we think it the more important, that his plan of treatment for the Typhoid Fever should

be at once questioned, and, if possible, demonstrated as hazardous, lest others, relying upon his excellent judgement and acknowledged skill as a Physician, should fall into his notions, and thereby pursue a practice which cannot but be attended with mischievous results."

Men who can thus stem the popular current, and despite their preconceived notions and the sentiments and doctrines held in common with their compeers,—I say men who, like Dr. Graham, can thus call in question the safety of a *popular* practice, are certainly actuated by the best motives, and their testimony is entitled to the most respectful attention. Such minds as these will ever be found ready to appreciate the truths of "Young Physic," and they cannot fail to become unblushing advocates of the new Philosophy in exact proportion to the extent of their investigations. But to proceed with our extracts.

"We have treated Typhoid Fever—unmistakable Typhoid Fever, and we do not hesitate to say that all our experience, and all our convictions based upon that experience, are utterly opposed to active medication in that affection."

Dr. G. then goes on to describe the Pathology of this Fever, details the symptoms of a particular aggravated case, and then alludes to his treatment thus :

"After much reflection upon the general symptoms we determined to give no medicine at all ; but inasmuch as the vital powers seemed to be flagging, we concluded to counteract the centripetal by the centrifugal force. We accordingly prescribed a table spoonfull of good wine every hour, and directed the use of as much as a quart of good strong chicken broth or beef soup within the twenty four hours. In addition to this we ordered the patient to be well rubbed three times a day for twenty minutes at a time, under this treatment the woman had a good recovery."

Here is the "Old School" testimony corroborative of one very important position in *our* philosophy, viz. that it is safer to give *no medicines at all* than to give those of the pathogenetic (disease causing) kind ; for we believe that much better results will attend a prudential hygienic course than what follow the active medication of Allopathy. This is a position which is now being abundantly verified by some of the largest Hospitals in Europe, as well as by some of the most eminent physicians in America. But the Doctor continues :

"We are not positively certain that Calomel would have killed this patient, but we have a very strong suspicion that had we (prescribed it,) in place of gradually entering the system and "correcting the secretions," as imagined by some, it would in all probability have given rise to a degree of crethism of the stomach and bowels, which, in this low and exhausted condition of the vital powers, would have swept the patient off very soon."

In speaking of Doctor Cain's advise to "slowly mercurialize" patients laboring under this affection, he observes :—

"Experience has taught us that even the smallest doses of the

mildest mercurials, however conjoined with opiates and astringents, will frequently produce such an augmentation of the diarrhoea, and such manifest aggravation of the symptoms, as eventually to compel their entire withdrawel. This is our experience with mercury in Typhoid Fever."

In reference to the prophylactic virtues of mercurials, the Doctor tritely remarks :

"The idea of driving one poison out of the system by the introduction of another, seems at first sight plausible enough, and there are many things which would seem to justify the conclusion. But it is *by no means* so well established as to pretend to the rank of a medical fact. There are many instances on record of patients *contracting* Typhus Fever, Cholera, &c., while laboring under the *specific* effects of mercury, which had been given for the removal of some inflammatory disease. Dr. Graves, of Dublin, relates, in his tenth classical lecture, the case of a man who was attacked with a prevailing epidemic of maculated Typhus Fever, while convalescing from Pneumonia for which he had been salivated, and while under the full effects of the mercury. His remarks on this subject are worth reading.

"There is one circumstance connected with this case worthy of remark, with reference to the supposed antifebrile properties of mercury. It has been stated that mercury exercises a prophylactic influence over the system, and several persons who have cultivated medicine with success, but particularly some army surgeons of high authority, have asserted that the use of mercury not only cures fever, but also secures against it. I am afraid that in this and other cases mercury has received more credit than it deserves. In speaking of cholera on a former occasion, I have told you that I have seen persons under the influence of mercury, take cholera and die of it; and here we find a man, whose mouth is still sore, in whom salivation had not yet ceased, getting an attack of fever at a time when he had just recovered from another disease. This shows that mercury is not to be looked upon as a prophylactic in cases of fever of a contagious nature. We cannot always cure or prevent fever with mercury."

Is it not somewhat remarkable that since the distinguished Dr. Graves has had his eyes opened thus far, that he should still advise mercurials in pneumonia? The very best authorities concur in the testimony that the metal is absorbed into all parts of the system, each globule becoming a nucleus around which diseased action is ever liable to supervene. Doctor Taylor in his work on Pericarditis (page 5) has clearly shown that Pneumonia not unfrequently *follows* the constitutional effect of mercury. And from the close experiments of Moulin, Haighton, Viborg, Gasphard and others, it has been long ago demonstrated that, when injected into the veins of animals, "mercury collects in the small vessels of the neighboring organs, and acts as a mechanical irritant. Thus, if thrown into the jugular vein, *peripneumonia* is excited, and on examination after death, little

abscesses and *tubercles* have been found in the lungs, in each of which was a *globule of quicksilver as a nucleus*." We are taught that substances which are poisonous to animals, are proportionally so to men, and that the effect of medicines are the same when injected into the veins as when applied to the skin or given in the stomach, (see Pereira's *Mat. Med.*, vol 1. page 136—178) Hence if mercury injected into the veins is liable to produce abscesses and tubercles in the lungs, it will do so when administered internally, or applied to the skin as an ointment; and if it will produce these in *animals*, it will do so in *man*. How many cases of Phthisis Pulmonalis, with which our country is filled, may not be the ultimate effects of a prescription of mercury? Little dream they that the decay that is thinning their cheeks is but the "legitimate" fruits of the "scientific" dosing of that "legitimate" medicine—Calomel.

In reference to the employment of purgatives in Typhoid Fever, Dr. Graham remarks;

"Neither can we agree with Dr. Cain in recommending even the use of *laxatives* in this disease; for, in our small experience, we have generally found the bowels to act often enough of their own accord; and when they have not, we have generally succeeded by the use of enemata, or at most by a dose of oil, in procuring alvine discharges. But when he (Dr. Cain) speaks of Calomel followed by laxative doses of any of the neutral salts or of Rhubarb, we no longer wonder that he should have been forced to the antithetical practice of conjoining stimulants with depletives, for to our view, it must certainly require all the bolstering power of the one to counteract the weakening and prostrating effects occasioned by the other. We have always considered the combination here recommended, rather in the light of an active *purgative* than a simple *laxative*; and not even the excellent authority of Dr. Cain can induce us to give up the opinion. Against the neutral salts we are especially prejudiced; and it is our settled conviction that in nearly, if not all, the diseases of the mucus membranes of the stomach and bowels, their use is eminently prejudicial. It is only a healthy bowel that will tolerate them at all. And they are especially objectionable after calomel, as, in consequence of the very fluid discharges that result from their use, the calomel is left, by its greater weight and insolubility, far behind in the race, loiters longer in the system, and is consequently more apt to salivate the patient. If this were the proper place, we could bring up proof, both from fact and analogy, more than sufficient to establish this assertion."

The habit of active purgation in Typhoid Fever is quite too common, and the results attending the practice should cause every medical man to hesitate before using it. All the active cathartics of the old school *act as irritants*. The pathology, the indications, the wants of the system in diseases of this description, forbid, in language the most easily interpreted, the exhibition of *all and every poisonous irritant*.

Millville, Pa., Feb. 14th, 1854.

NOTES ON ACUTE HEPATITIS.

HEPATITIS is an inflammation of the Liver ; commonly excited by improper exposure to cold and wet, immoderate use of liquors, and of stimulating food. Sprains, the presence of calculi, &c., are also to be remembered as causes. The whole organ is not usually affected, but a portion, as the convex or concave surface, or the internal part. In some cases the decay of the hepatic substance forms one or more abscesses, which break either *internally*, as into the stomach, pleural sack, or cavity of the abdomen ; or *externally*, through the skin. If the contents of an abscess are discharged into the abdominal cavity, or into the pleuræ, death is the consequence. If they point outward they are not usually dangerous.

Symptoms.—Acute and very intense, fixed pain in the hypochondrium ; sense of fullness and internal heat in the same region ; tongue dry, and covered with a thick yellow-brown fur ; pulse hard ; skin intensely hot and dry ; urine scanty, highly charged with bile, and scalding. If the upper or *convex* surface is affected, there is a dry, short, jerking cough, and impeded respiration ; the pain is also felt under one or both scapula, and through the chest. If the *concave* surface is chiefly involved there is hiccough, vomiting of green, black or yellow matter, and intense thirst.

In addition to the above there is obstinate constipation ; skin generally tinged as in jaundice ; and sometimes there is delirium. In warm climates there are often small, liquid discharges from the bowels, even from the beginning of the attack. Such cases are to be most dreaded, though the other symptoms may not be very urgent.

Diagnosis.—On the subject of diagnosing acute Hepatitis, we quote the following from Dr. Eberle.

“It is distinguished from *pleurisy* by the greater severity of the cough and dyspnoea in the latter. The easiest position in *hepatitis* is on the affected side—in *pleuritis* on the sound side. In *hepatitis* pressure on the right hypochondrium aggravates the pain, but pressure on the intercostal spaces does not—the reverse obtains in *pleuritis*. Often bloody expectoration in *pleuritis*—in *hepatitis* seldom, if ever. In *pneumonia* respiration is principally performed by the abdominal muscles—whereas in *hepatitis* it is performed by the intercostal muscles exclusively. The extreme prostration—the immediate rejection, by the stomach, of every thing swallowed—the small tense pulse, &c., which are so prominent in *gastritis*, readily distinguish it from *hepatitis*. The absence of fever, and the intermitting character of the pain, distinguish *spasms* and *calculi* of the gall ducts from *hepatitis*.”

Treatment.—The points at which we must aim our remedies are, 1st. Relaxation of the capillaries, particularly of the portal region. 2nd. Restoration of the circulation to the extremities and surface. 3rd. Removal of fæcal or other obstructions in the bowels and biliary passages. For these purposes we must use emetics, stimulating diaphoretics, vapor baths, and hepatic cathartics.

Emetics. There is no case in which the free use of *Lobelia* emetics is so invaluable as in acute hepatitis. They are the main dependence, and can be relied upon with the most unbounded confidence. A free and prompt one should be given at once, and they may be repeated every eight, ten, sixteen or twenty-four hours, as may be needed. The frequency of their administration is to be regulated by the activity of the inflammation, and while the pulse keeps hard, the pain intense, and the skin hot and dry, they may be repeated every eighth or even sixth hour, until these symptoms begin to abate. An infusion of the composition powder should be used to prepare the stomach. After the intensity of the fever abates, one may be given every second day until the fur has nearly or quite disappeared from the tongue.

Vapor Baths. A good Thomsonian steam bath should be given after every emetic, giving the patient a tea of *Aselepias* and *Cypripedium* to drink. The duration of the bath is to be measured by the influence it has upon the pulse, and the feelings of the patient. From twenty minutes to half an hour will generally be long enough.

Diaphoretics. An infusion of four parts *Eupatorium*, one of *Lobelia* herb and one of *Butternut* bark may be drunk freely. Use it to an extent sufficient to keep the patient nearly to the point of nausea all the time. *Aselepias*, *Yarrow*, *Dittany* or other stimulant diaphoretic may be given, with *Lobelia* or *Ipecac*. The skin should be kept moist all the time, and free perspiration is necessary during the active stage of the inflammation.

Cathartics. Gentle yet regular catharsis is of paramount importance through the whole course of the disease. Two or even three evacuations a day, are not too many. Powders of two parts *Apocynum*, two parts *Lobelia* seed and one part *Leptandria*, in three grain doses, may be given every four or six hours. After an action has been established, one may be given morning and evening. *Butternut*, *Wauhoo*, *Podophyllum*, and other hepatics may be used, but they are better added to some of the infusions than given alone.

Fomentations of *Lobelia* herb may be applied over the Liver, and changed every few minutes. Let them be hot as can be borne. Flannels wrung out of hot water may be used. Injections of the *Lobelia* tincture may be given every one or two hours until the violence of the inflammation begins to yield. *Clivers*, *Pipsissewa* or *Burdock* seed may be used if there is any need of diuretics.—In warm countries, when there is a tendency to watery diarrhoea, a pack wrung out of *Cayenne* or *Mustard* water, may be used twice a day. The composition infusion may be used freely; and powders of eight parts *Lobelia* seed and half a part *Capsicum*, given in small and frequent doses, will prove very efficacious in such circumstances.

A SINGULAR CASE.

BY DR. V. MILLAR.

ONE very sultry afternoon in the middle of last August I was hastily summoned to go and see Mrs M——, being told that she was dying of the cholera. Hastening to the house I found her in very great agony, contorted with fearful spasms of the arms and legs, and having very violent cramps in the stomach. The arms cramped so violently that my whole strength could not stay one of them in the least. The whole body was very cold, and covered with moisture; the eyes were sunken and wild; she hiccoughed violently, felt faint every few minutes, and there were slight momentary evidences of delirium. Every symptom seemed the very image of the most violent form of Cholera. But there was no purging or vomiting, not even nausea. The pulse was scarcely perceptible. It was two o'clock in the day, and the patient said she had eaten nothing since her breakfast, and that meal had been very light.

As the great and prominent indication was to restore the circulation to the skin, I prepared;

Tincture Capsicum,									
Tincture Serpentaria,	-	-	-	-	-	-	-	-	2 oz.
Spirits Ammonia, ff	-	-	-	-	-	-	-	-	4 oz.
Infusion of Ginger	-	-	-	-	-	-	-	-	1 pint.

A tablespoonful of this was given warm every five minutes.

The arms and legs were briskly rubbed with cayenne and salt in water, and a warm fomentation of Polygonum (Smart Weed) was laid over the stomach. Active as this treatment was it seemed to produce no effect, and the patient said the drink felt no better than so much ice in the stomach.

When all the above preparation was used, I made an infusion of

Serpentaria,	-	-	-	-	-	-	-	-	3 oz.
Cayenne	-	-	-	-	-	-	-	-	1 oz.
Bayberry,	-	-	-	-	-	-	-	-	2 oz.
Boiling water,	-	-	-	-	-	-	-	-	3 pints.

Half a tea spoonful of this was given every ten minutes, as warm as was deemed prudent, though the patient said she did not taste or feel it. By the time the whole of this was used, she said her stomach began to feel somewhat warm, when I immediately gave her two ounces of strong Lobelia Tincture, and an ounce more after an interval of five minutes. This had the desired effect, causing her to vomit freely. There was neither food or phlegm in the ejections, but simply the drink she had taken mixed with a dark powder or sediment, and along with it a round worm four inches in length. In about fifteen minutes after this she had an evacuation of the bowels, in which was more of the same dark powder, and another round worm. After this she expressed herself entirely relieved, the skin became

moist and warm, the pulse became natural, and she sank into a gentle slumber. In an hour she awoke, drank some tea, and said she was well.

And now the queries are what caused so much distress? And what was that dark powder, or "coffee ground" sediment in the ejections and evacuations? We will leave the more learned to discuss the latter, but I think the distress was occasioned by the worms making an attack upon the empty stomach. What says the faculty to this inference?

New York, March 9th, 1854.

CORRESPONDENCE.

Williamsville, Erie Co., N. Y., March 4th, 1854.

DOCTOR COOK,—Dear Sir.—The third number of your very valuable Journal has been received, and read with much gratification, containing, as it does, so much useful information. The progress of Medical Reform in this state has been much retarded by the want of a well conducted periodical to disseminate the *true* principles of medical science; and it is hoped, with confidence, that this Journal will be so conducted as to satisfy the demand of the public, who are so eagerly seeking after correct knowledge upon this important subject.

And I also hope the profession will cheerfully respond to the favor of getting such a periodical by subscribing numerously and paying promptly, that it may be seen there is a reward for those who proclaim the truth, and also for those who practice its precepts.

I have been in the practice of medicine about fifteen years, and have treated successfully almost every variety of disease and many cases that have baffled all the skill of the Old School M. D's. I ever strictly adhered to the pure principles of Reform, as elucidated in the Metropolitan College of the city of New York, and am not ashamed to compare my success with any other class of physicians in any place. Not that I possess any superior ability or knowledge, but I have based my treatment upon a superior philosophy, and hence the satisfying results of my practice.

I consider our place one of the best in Western N. Y., for a good practitioner of our order, and I would be glad to help one into a chance to do well. Inclosed is one dollar for the Journal, and I intend to get a number of good paying subscribers soon, and so help on the cause of truth and humanity.

Respectfully Yours,

GEORGE GROSS, M. D.

Editorial.

TO THE READERS OF THE JOURNAL.

RESPECTED FRIENDS:

It will be seen by a former number that I have been named as assistant editor of the Journal, and in compliance with the announcement I now enter upon the duties of that office.

My position in the medical world is well known. For the last twelve years of my life, I have advocated the principles of the Reformed system, or in other words the *anti-poison* practice of medicine; and I have not yet seen occasion to change my opinions. I find in the operations of this system, enough to commend it to the common sense of every rational being—something so beautiful, so simple, and so consistent with philosophy, that I could not be induced to change it for any other system. For when disease has made an attack upon the citadel of human life, bombarding it on the right and left, in the front and rear, breaking down its strong fortifications and uptearing its foundations, to what source shall we flee for aid, upon what armament or power shall we depend, but such as we have uniformly employed in every successful combat.

For one to think of eradicating disease with mercurials and antimonials, by blood-letting and by blistering, cannot be called less than sheer nonsense. The very philosophy upon which such a practice depends is that curing one disease by causing a new one; and the seeming good that follows the use of these means is attributed to the poisonous and life-destroying influence they exert.

But the instrumentalities upon which we rely have no such tendencies. They are potent, but yet safe and harmless. They neither create functional or organic derangement, but in every curable condition of the diseased frame, they are certain to exercise a direct restorative effect, and in positively incurable difficulties they rarely fail to palliate suffering, to make the afflicted patient more comfortable. Hence the great value of our remedies; and hence their compatability to the human system, whether in a diseased or healthy state. Every one, to be sure, does not see this as we do. The keenest minds and coolest hearts cannot solve every political nor every medical problem; and they are frequently confounded in the process of analysis, in which, reduce and eliminate as they will, there still remains certain matters whose value they seem unable to appreciate.

The time was when it seemed almost impossible to present the people with our theory of disease and our mode of practice, with the expectation of any success therefrom. At the mere announcement of our remedial agents, many timid ones would shrink aghast, their imaginations conjuring up the

image of destroying angels, sent to sweep men, woman, and children from the earth—or else some horrid monster with arms reeking in blood, the portentous incarnation of the spirit of evil. To them, the rash individual who had recklessness enough to take Lobelia, was sure to die; and burning up of the stomach and bowels, was the easiest death that could visit one who had the temerity to use cayenne pepper, administered by a Thomsonian.

But happily for humanity, the reformed practice is in the ascendancy. The spirit of intolerance, bigotry and superstition is quietly, yet certainly waning away. The dread of Lobelia, Cayenne and the steam box is now scarcely cherished in the human breast, and few there are who do not consider them, in their place, as most potent instrumentalities in the cure of disease. I think I can see indications of a glorious future, of a time to come, not far distant, when the Reformed practice shall extend itself throughout the length and breadth of both hemispheres; when the people of every realm will see its excellencies and embrace its philosophic truths. What a bright and glorious era will that be; and what a revolution in the history of the healing art. But it is an era and a revolution which will surely come, brought about by the diffusion of medical knowledge, and the cultivation of science. In order to accomplish it, our institutions must take a high stand, and be under the supervision of eminent professors. Pure principles must be inculcated, and no student should attempt to practice until he has most thoroughly fitted himself for his professional career. When thus prepared for action, our success is certain.

A. R. PORTER.

PLACENTA PRAEVIA AGAIN.

SINCE the appearance of our article upon Placenta Prævia, in the last number of the Journal, some of our friends have asked us, 1st. Whether the course there laid down was the extent of our treatment, and, 2nd. If not, what further means have we used, or what would we recommend.

In answer to the first of these inquiries, we would say that our former article, was by no means intended for a complete and finished essay upon this subject. The single point we had in view was to examine the old recommendation to perforate the placenta. Finding such a course unphilosophical, and likely to increase the hazards of the mother's life, we merely made a brief proposition of an opposite course.

The second of the above inquiries could not be fairly answered within any less space than a lengthy and elaborate essay, which we have not time to prepare now, though we design doing so at some future day. But as it is our earnest desire to give our friends any and all the information that we

can, we will at this time present them with a schedule of our further treatment of this complication of labor.

As presentation of the funis umbilicus proves fatal to the child in almost every case, so presentation of the placenta is the most serious situation in which the parturient, woman can be placed. In the first place there is very profuse and continued hemorrhage, which reduces the patient's strength to the lowest point, often causing death before even the first stage of labor has fairly began. Besides, the os tinæ is often found hard and rigid, refusing to dilate much beyond the size of a dollar; and to add to the seriousness of the circumstances, the uterus does not contract, but remains in a state of most passive inactivity. This, of course, protracts the duration of the hemorrhage, causes exhaustion to the patient, and every moment that passes makes the expulsion of the fœtus less probable than it was the moment before.

With such a combination of serious circumstances before the accoucher, it is apparent that he must employ every second of time to the best possible advantage. Hesitations, delays and postponements are inadmissible. What is done must be done promptly and decidedly, and the attendant must render all the artificial assistance he can, without risking a rupture or laceration of the uterus, or a fissure of the recto-vaginal membranes.

If the os is not much dilated, give a couple small doses of the tincture of Lobelia. If this does not increase the size of the orifice, do not wait, but use decisive means to bring on uterine contraction, and detach the placenta and draw it from the uterus as soon as it is safe and possible. It is a question as to when the bag of waters should be discharged. For my own part, I think they should be punctured with a point shortly after the detachment of the placenta, and the liquor allowed to escape *slowly*.

A drop of the oil of Erigeron will have a valuable influence in checking the hemorrhage, *after the placenta is detached*.

As the uterine contractions are not likely to come on without assistance, give freely of an infusion of Caulophyllum, Macrotys, Senecio Gracilis, or other powerful emenagogue. If these fail, use a voltaic battery, applying the positive pole over the second Lumbar intervertebræ, and the negative pole *per vaginam*. The circuit of the current may be completed every three or five minutes, continuing it about a minute each time. Most powerful uterine contraction will be induced at each circuit.

If the feet present, grasp them and render all the assistance that is compatible with safety. Feet presentation is altogether the most desirable. Both the cases we have had offered this way. If we had a case where the head presented, we would not wait long, but would make prompt use of the perforator and extractor. The safety of the mother is not to be tampered with by delay.

The patient's strength may be sustained by cold infusions of Composition,

powders of pulverised Capsicum, by [Wine, Carbonate of Ammonia, &c.

The reader here has an outline of the plan we have pursued, and would recommend in placenta prævia. The very alarming nature of this, the most serious form of labor we know of, makes the subject an interesting one: and while we are willing to add our own small mite to the stock of general knowledge, we hope others will be equally willing to give the Profession the benefit of their experience. We have been told that Drs. Sperry and Archer, of Connecticut, have had cases of placenta prævia. Will they not favor us with a report of them?

Note.—In our article in the last number we said; “As soon as the obstructing placenta has been removed, the labor progresses very rapidly,” We intended to have said “progresses *more* rapidly,” meaning that when the placenta was detached and taken away, the uterus would contract sooner, and the expulsive efforts be more powerful, than if the placenta was *not* detached.

HAVE WE A SUBSTITUTE FOR CALOMEL.

It has frequently happened, that when we have been entering our objections to the use of Calomel, the friends of that article have enquired “Have you any substitute?” “If you discard the use of mercury, what can you give in its place?” “If you have anything that will produce the same effects, you may possibly get along without it, but unless you have such a substitute, how can you reject it from your list of remedies?” As it is but right that Reformers should answer such inquiries, we will make the subject the basis of a few remarks.

When we take up the United States Dispensatory, Pariera's *Materia Medica*, Christison's *Toxicology*, Chapman's *Practice of Medicine*, and other of the highest authorities of the Allopathic School, we expect to find there the most complete and minute description of the effects of mercurial preparations. Upon examination we learn, in those works, that Calomel is a *poison*, engendering disease and weakening the power of life. It will cause swelling and ulceration of the tongue and gums; decay and ulceration of the teeth and jaw bones; gangrene, mortification and sloughing of various bones and tissues; inflammation, abscess and ulceration of the Liver; gangrene of the bowels; epilepsy; inflammation of the eyes; blindness; putrid or “mercurial” fever; tubercle of the Lungs (Consumption;) various affections of the heart, and enough other diseases and serious organic lesions to fill two pages of our Journal. These are set down by them as having arisen from the use of Calomel, even when administered in minute quantities; and they all agree that its operations cannot be controled; that no skill is sufficient to command its results, or give a positive direction to its operations.

In answer to the inquiry, "Have you a substitute for Calomel?" we promptly and candidly answer, No. We confess ourselves nonplussed by the question, for the article has no synonyma in Therapeutical Science. From the first to the last of the four hundred agents of our *Materia Medica* we have nothing that will at all compare with it, nothing that will produce such a quantity and such a variety of "peculiar effects." But in our *Materia Medica* we have agents that will increase the quantity of bile secreted by the liver; others that will relax and open the gall ducts; others that will increase the mucus secretion of the bowels; others that will cause peristaltic motion of the bowels; others that will raise the action of the liver, kidneys and skin at one and the same time; and others that will increase the flow of saliva from the salivary glands.

And these several effects will be produced by these several medicines every time they are administered; they can be directed to precisely the points where they are wanted; their action can be controlled at pleasure by enlarging or diminishing the quantity given; they never cause any swelling or inflammation of the tongue, gums or other parts; they never engender any disease in any tissue or organ, and their action always ceases when we cease giving them.

And now, gentlemen of the Old School Profession, seeing that we have candidly and unhesitatingly answered your questions, give us the privilege of propounding a couple to you. 1st. Are not the above effects and peculiarities of our medicines very desirable in the practice of the healing art? 2nd. They are articles that you reject,—have you any substitutes?

OPENING OF THE COLLEGE.

THE term of Lectures in our College was opened, as advertised, with an Introductory address by Professor Loomis, on the evening of the 13th of March. During the day a large number of our friends arrived from various parts of this state, Connecticut and New Jersey. Although most of them were personally unacquainted, yet they knew one another as old and tried friend of Medical Reform, and it made our heart glad to see the cordial welcomes they gave. All felt like old acquaintances, and their mutual familiarity with scenes of bigotry and opposition, and the cheering auspices of the interesting occasion that called them together, started a fire in each bosom, which blazed with more warmth than we ever before saw in a medical convocation.

The address of Prof. Loomis was marked with that point and brilliancy that are characteristic of this learned gentleman. His candid review of Allopathy, his contrasts between the new and old systems, his illustrations of the contracting influences of prejudice, and his charge to the class, brought down

frequent storms of applause from a large and delighted audience. The meeting dispersed with marked evidences of satisfaction, and the interests of Metropolitan Medical College had bound a new chain about their hearts, a chain that will never be wasted away.

A goodly number of students was present, and several advised us as being on their way. The class was less, by two or three, than we had expected, but they are composed of the kind of men we want. Some of them are graduates of Yale, and some of other Literary Institutions. The cause of Medical Reform calls loudly for finished scholars, classical as well as medical. We are glad to say that Metropolitan College will this year graduate some gentlemen, of whom the whole profession can be justly proud.

WE PUBLISH A NEW JOURNAL.

It appears from numerous letters we have received, that many of our friends look upon our Journal as a continuation of the *Union Journal of Medicine*, last conducted by Prof. L. Reuben. We wish to remove this impression, because we are not any way connected with the unfortunate *Union Journal*; nor have the publishers of this paper ever had any part in the publication of that periodical. When Prof. Reuben brought the *Union Journal* to New York in 1853, he was disappointed in receiving that monied aid which many promising friends led him to expect. Not realizing his anticipations, he offered the paper and subscription list to the friends of Metropolitan College, they to give him a certain consideration. But when these remembered the many wanderings, mutations, halts and symptoms of suffocation which had marked the rise and progress of that monthly, they declined Prof. R's offer. They preferred to enter upon a new Journal, and by carrying it on regularly and without alteration, to escape the odium of "changeling" which had been cast upon all the Journals previously published in this State. With this purpose in view, the *Journal of Medical Reform* was commenced at the opening of the present year; entirely distinct from any and every previous paper. We are not selfish in our desires, nor isolated in our operations, and no one division of Reformers is the recipient of our smiles. The world is our field; and the very core of our heart's love is to advance the true Medical Philosophy, distinguishing it from empiricism or no philosophy on the one hand, and from pedantic silliness on the other.

NEW EXCHANGES.—The new *England Medical and Surgical Journal*, published at Worcester, Mass, and edited by A. R. Porter, M. D., is newly welcomed to our table. Though it is a little sheet, it is full of pith, and its pungency places it as one of the staunch advocates of Dr. Thomson's aphorism, "heat is life." Dr. Porter is just the man to interest and elevate the

medical reader ; and the force and substance contained in his first Editorial is not surpassed in the history of New School Journalism. We welcome our neighbor to the field, and hope its merit will receive its reward in the shape of a large and *prepaying* circulation.

The Middle States Medical Reformer, Edited and Published by Drs. Prettyman & John, at Milford, Del., is a credit to its projectors and an of which the Middle States Profession has occasion to to be proud. The warmth and spirit of Dr. Prettyman's style, and the unending variety of Dr. John's pen, cannot fail to furnish a most palatable repast for its readers. It seems to be of the true faith, and we wish it prosperity.

TO CORRESPONDENTS.

"D. B. W."—Dr. W. says "give us the right kind of metal in our Officers, Teachers and Practitioners, and we will make such inroads into Allopathy as to make it throw off its old mantle of four thousand years, and force it to embrace a more rational course," We agree with the Doctor, and as backward going Reformers (!) have had their day, the steadfast friends of progress may now hope for better things. The Doctor will find this Journal and all connected with it, to be *Samuel* pure, and we are glad to see that he stands firmly on the side of Truth. Let us work together in the good cause.

"V. M."—All graduates of any Reform College in the Union will be admitted to all the Lectures in the Metropolitan College, and to the Hospitals, by simply paying the fee of Matriculation and the Dissectors fee.

"J. E."—We thank you for the zealous good will you manifest for our Journal. If all our friends acted with the same warmth and promptness, they would take much anxiety off our minds, and New York would have the rarity of holding *one* happy Editor. "Drs. D. and R." of Ohio, will also accept our thanks for their list of names.

"L. D. S."—We heartily agree with you in denouncing those men who claim a superiority in Reform, and yet have not a solitary principle to stand upon. They have a practice but no philosophy, or if they have a philosophy, they are bold in saying that it cannot be reduced to practice. They make Sophistry answer the place of Logic. But the day of their ascendancy is past, and you utter the sentiment of thousands when you say "their movements are a disgrace to the name of Reform."

"C. W."—Keep steadfast to your faith, and your success will be even more astonishing than it has been. All who remain firm in the true way give the same account of their progress, but when they wander from principles, they rapidly lose ground.

POSTPONEMENT OF MRS. FOWLER'S CLASS.

New York, March 16th, 1854.

DOCTOR COOK,—Dear Sir.—Since I advertised in your Journal, for a course of Medical Lectures to females, I have nearly consummated arrangements for a long-contemplated visit to Paris, where I intend to spend several months in the Hospitals there. If I make this visit, it would be a great interference to the course of lectures I advertised to give, and having consulted with many friends who are interested in this subject, I have concluded to defer those lectures to another season. If my life and health should be spared to return from the completion of my practical studies at Paris, the gleanings that I can make from that treasury of knowledge will enable me to give more valuable lectures in the future. To these ladies at the East, the far West and the South, who were about coming to the city to attend my lectures, I would say that, while I am rejoiced to see the deep interest they manifest in this subject, I am sorry to cause them this disappointment. But as there are to be extensive and very perfect arrangements made in this city, for the complete and thorough education of females in all the branches of medicine, I hope that the increased facilities they will be able to enjoy next season will more than compensate them for their present disappointment.

Yours truly,

LYDIA F. FOWLER.


ACKNOWLEDGEMENTS.—Professor Curtis, of Cincinnati, has our thanks for the 17th and 18th volumes of the Physio-Medical Recorder, neatly stitched in paper. Also for a beautiful Lithographic portrait of himself. We are gratified at the reception of these presents, 1st. Because it is a kindly expression to one personally unacquainted with Prof. Curtis, though laboring in the same great cause. 2nd. Because we want to preserve the Recorder as a valuable chronicle of the struggles of reform, and of the labors of a fearless advocate of untrammelled truth.


Messrs. B. Kiehl & Co., of the American Chemical Institute, have presented us with one of their pocket cases, containing vials of twenty of their preparations. We have not had a chance to fully test the quality of the articles, but if they are as good as the case is neat, they will be found second to none.


TAPE-WORM.—Dr Christison used at first eighteen-grain doses of oleo-resinous extract of the male-shield-fern, but he now recommends twenty-four grains, as he finds there is much greater certainty of getting rid of the worm, and less uneasiness felt. The *Lastræa Filix-Mas* is the proper species to be


used. Dr. Christison believes the plant to be efficacious enough at any season, if it be used fresh, as the extract he used was made with roots collected in February, two months before the young fronds in Scotland begin to peep above the ground.


Miscellany.

 The London papers contain the account given by Dr. Letheby, a learned chemist, of the gas now used for lighting that city. The leakage from the pipes is said to have impregnated the soil under the streets, so that it has come to be quite sickening to disturb the soil, and twenty years hence if the same causes continue to operate, it will be unsafe to the public health, to disturb the pavement at all. The gas is highly charged with sulphuret and contains a large quantity of ammonia, holding tar in solution.

 In Worcester, Mass., a few days since, two children came near losing their lives by inhaling gas from a common coal stove. They had been left alone, and the fire becoming too hot, the boy turned the damper, in consequence of which the room was soon filled with gas. The children became stupified by inhaling it, but being ignorant of the cause of their sensations, they remained in the room. When the family returned, the little girl had fallen and was stretched senseless upon the floor, and the boy was so far overcome as to be unable to walk or give an alarm.

 Faith and medicine are about the same things in the eye of the Tartar. If the Lama doctor happen not to have any medicine with him, he is by no means disconcerted: he writes the names of the remedies upon little scraps of paper, with his saliva and rolls them up into pills, which the patient tosses down with the same perfect confidence as though they were genuine medicaments. To swallow the name of a remedy, or the remedy itself, say the Tartars, comes to precisely the same thing.


 A singular curiosity is now on exhibition in Philadelphia. It is a petrification of a man, which was found on the coast of Africa, while digging for guano. The body is supposed to have been that of a Portuguese sailor, is about five ten inches height, and now weighs one hundred and thirty-four pounds. It is represented to be a complete petrification, and probably the only stone man coming from Nature's laboratory, and the only statuary chemically produced extant.


 A fine horse recently died of lock-jaw in this city. It was caused by stepping upon a nail, which penetrated the hoof.

HEMORRHAGE.—In cases of hemorrhage from small vessels, there is no agent at all comparable in its power to arrest bleeding, like rest and exposure to air. Whether it be the act of exposure to the atmosphere, or that the vessels are freed from the contact of parts around, I do not know, but the fact is undoubted. The surgeon who has least fear of hemorrhage loses the least blood. A small wound may be tortured by styptics, and by compression, and by other unprofitable agents, until it becomes the fruitful source of protracted hemorrhage. Masses of lint are piled up in heaps upon the wound, pressure is maintained till all the parties concerned are exhausted, but still the hemorrhage returns or continues, by reason of the irritation caused by the very agents employed, and nothing more.

EPILEPSY.—In two cases of this disease, the operation of tracheotomy was performed with the best results. It was found that the operation was best thus: The incisions were made in a transverse direction above the thyroid body, the muscular fibres being divided freely, and the trachea laid bare just below the cricoid cartilage. The main incision into the trachea was also made transversely, but from the middle of the lower edge a short downward incision was added.—*Braithwaite's Retrospect.*

ARTIFICIAL ANUS.—In a case where the operation for artificial anus had been performed as a temporary resort, the greatest discomfort arose from the fæces passing invariably through the artificial opening, and not through the rectum. At length, when life had become a burthen to the patient, it was suggested that some substance, as a piece of brown soap, introduced into the rectum, might induce the return of peristaltic action, and the necessary tenesmus for the expulsion of the contents of the canal. The expedient was perfectly successful, and at the end of two weeks the artificial opening was quite healed and the fæces passed by their natural outlet.—*Braithwaite's Retrospect.*

 In Boston there are 390 physicians, of which number, 15 are botanic, and 14 female; 3 manufacturers of artificial limbs; 16 dealers in botanical medicines; 73 Dentists; 2 dental depots; 88 apothecaries; 45 dealers in drugs, medicines, &c, 3 chiropathists; 111 midwives and nurses; 6 surgical and dental instrument manufactories; and in connection with these statistics, it may be added that there are 15 coffin warehouses and 31 undertakers.

 One of our live Yankees has just invented a machine for extracting the lies from quack advertisements. Some of them are never seen after entering the machine, as only the truth comes out.

THE Journal of Medical Reform.

MAY, 1854.

Selections.

From the Med. Chirurg. Transac.

FOREIGN BODIES IN THE STOMACH AND DOUDENUM.

BY JOHN MARSHALL, ESQ.

(THE patient, Mrs. B—, æt. 41, was in December 1842, a fortnight after the birth of her fifth child, affected with hæmatemesis, vomiting a wash-hand basinful of blood. The succeeding faintness and prostration were extreme, and her recovery was very slow. Mr. Marshall continues :)

In the autumn of 1745 I found her complaining of frequent sickness, with pain at the epigastrium, and in the left groin. On examining the abdomen, I discovered a hard tumor in the left iliac fossa, which moved freely across the abdomen, as she turned from side to side. The size and shape of this tumor were very like an ordinary placenta, one edge much thicker than the other; the thickest edge much harder, and imparting to the fingers the feeling of its being very heavy. She stated that she had felt this substance for some months, and whenever she turned in bed it always moved, and caused nausea, but gave her no pain when she was quiet, nor was it tender to the touch. She suffered much from flatulence, and pain between the shoulders shooting to the left breast. The catamenia had not appeared for three months, and she believed she was pregnant. The bowels were torpid; the nausea increased, and the stomach rejected everything; large quantities of a green ropy mucus, occasionally with blood, were thrown up, all of which was carefully examined, without detecting anything which would throw light on the case. Numerous remedies were employed to allay her distressing sickness, but were all equally unavailing, and the emaciation and exhaustion became so great that her death was daily expected. One teaspoonful of pale brandy was now given every hour, and not an atom or drop of anything beside. From this time the vomiting

ceased. After continuing this for two days, a little food was allowed, and she gradually gained strength and flesh, and in four months was able to walk two miles, and looked almost as well as usual.

During this illness, Dr. Cowan, of Reading, visited my patient; he was greatly interested in her case, and expressed himself to be as much puzzled as I was respecting the nature of the tumour, which he compared to a cannon ball rolling across the abdomen.

Nearly five years elapsed before any serious symptoms returned. The pain between the shoulders was often complained of, and there was occasional sickness. Much difficulty was experienced in keeping the bowels in order; the secretions were generally healthy in color, and formed. Occasionally the face and limbs became oedematous, but an aperient pill, with a little gin in gruel taken at bedtime, would always remove these symptoms in two or three days. The catamenia never returned after the illness of 1845.

On the 8th of October, 1850, I again saw her in consultation with Mr. Corsellis, of B——. From him I learned that she had been ill three weeks, that all her old symptoms had returned. Incessant vomiting with pain between the shoulders, had reduced her to a state of great weakness and emaciation. A few hours after my visit, severe spasmodic pain came on in the bowels, and quickly terminated her sufferings.

Post-Mortem—Eighteen hours after death, with the assistance of Mr Corsellis, I examined the body. The thoracic viscera were healthy, and free from adhesions. On opening the abdomen the stomach was found drawn down to the pubes, and in its form resembled a champagne bottle. The pyloric end lay beneath the arch of the pubes, the duodenum under a portion of the sigmoid flexure of the colon from which it was traced to the pancreas, which was drawn down considerably out of its normal position. The liver was large, and paler than natural. The gall-bladder distended with bile. The spleen and pancreas were healthy, but small. The kidneys rather hypertrophied. The bladder small. The uterus and ovaria healthy. The intestines were of very small calibre. The cæcum and colon resembled the small intestines, the bands and sacculated appearance being scarcely discernible. The jejunum and ileum containing a little ropy mucus, and there was some faecal matter in the rectum. No ulceration was apparent throughout the whole length of the intestinal canal, nor was there found the slightest peritoneal attachment or appearance of inflammation within the cavity of the abdomen.

Having tied the œsophageal end of the stomach and the duodenum, I removed these organs. The stomach contained about a pint of semi-fluid matter, and felt very like the crop of a fowl; the duodenum resembled a large sausage stuffed with lead. On cutting into the stomach I found it partially filled with some gruel-like fluid, and in the lower half—which evidently constituted the tumour during life—an immense number of pins, of a purple black color, not corroded. varied in size, all bent or broken, many very pointed. The pyloric

half of the stomach presented a remarkably thickened condition of the villous coat, being highly vascular, and raised in rugous elevations like the stomach of an ox. The muscular coat also was greatly hypertrophied. The weight of the pins contained in the stomach was *nine ounces*. An incision made into the duodenum *displayed a mass of pins very tightly packed, of various shapes, similar to those found in the stomach, and wholly obstructing the tube*. These weighed a pound as nearly as I could ascertain without removing them.

Her husband could scarcely believe the truth of what he saw, when we showed him the contents of the stomach, for he affirmed that he had never seen his wife put pins into her mouth. A son 17 years of age, said that he had often observed his mother biting pins, and believed that she swallowed them. She took them out of her thimble with her tongue, having previously bent the head and point together. When his mother corrected him for any bad habit, he would say—Why do you eat pins? This reply always silenced her. He stated that the servants when shaking the carpets frequently remarked on the number of pins they found.

Mrs. B——, had a keen appetite, and would always partake of any food she fancied, however improper or indigestible. I have known her eat cold boiled pork when unable to raise herself in bed, having four days previously vomited a large quantity of blood. Of her early history I can learn but little. A sister informs me that, when a child, she was fond of eating starch and slate pencil—and she remembers her biting pins. When seventeen years of age she vomited blood, and remained for some months an invalid, until sent for change of air to Bath.

From the Dublin Quarterly Journal.

ALVINE CONCRETION, CONSISTING OF CHOLESTERINE.

BY DR. WILLIAM D. MOORE.

(THIS concretion seemed to have been formed in the intestinal tube. The patient was a young lady. There had been obstinate constipation and colicky pains for some time; and it was at length voided per anum.)

She had never suffered from jaundice, pain, or other symptoms, whereby the passage of a gall-stone could be inferred. The calculus in size and shape resembled a pullet's egg: it weighed 210 grains, but was superficially lighter than water, as was proved by its floating when placed in a vessel of that fluid. Its outer surface was tubercular, and exactly resembled that of a mulberry urinary calculus. Some shining scales were visible externally, and also throughout the mass when cut. On the application of heat it first fused, and then burned with a bright flame. It dissolved completely in boiling alco-

hol, and on cooling separated from its solution, as was seen under the microscope, in broad tubular crystals of cholesterine, which, with a small admixture of faecal matter, composed the bulk of the concretion.

Many writers have supposed that because calculi found in the intestines, or voided *per anum*, have been proved to consist chiefly of cholesterine, they must necessarily have formed in the gall-bladder, and from that have passed either through the ducts, or by ulceration, into the intestine; and, in support of this view, it has been argued that, where the parts are neither inflamed, nor in a state of spasm, the ductus choledochus may be considered to be in a passive state, admitting of an easy and gradual extention of its fibres, so at length to allow of the free egress of the stone. It has also, indeed, been clearly proved by the example of a case in which a biliary calculus, in passing to the bowel, about a fortnight before being voided *per anum*, induced jaundice, yet gave no pain; that "the progress of gall-stones (even when inordinate in their dimension,) through the ducts is not disproved by the absence of pain from the epigastrium."

However admissible the foregoing facts may be, and conclusive as the case detailed by Dr. Wilson is, in establishing the proposition he advanced, a little consideration will, I think, show, that the fact of a calculus consisting in whole or part of cholesterine, is not sufficient to prove it to be of biliary origin. For cholesterine is according to Berzelius "universally diffused through all parts of the body, and dissolved in its fluids." Simon states that it is a normal constituent of the bile, of the brain, and of the spinal cord. "It has been found," he adds, "in the blood; in the vernix caseosa; in the fluid of hydrocele; in an encysted tumour of the abdomen of a woman; in the ovary and testicle in a diseased state; in an abscess of the tooth; in a scirrhus structure in the mesocolon; in fungus medullaris in medullary sarcoma; and in a vesical calculus extracted from a dog." Such being true, it is of course easily conceivable that a concretion composed of cholesterine might form under predisposing circumstances, in some portion of the intestinal tube.

Dr. Douglas MacLagan was aware of the fallacy of inferring the origin of such calculi from their composition, for in his paper on the Constitution of Intestinal concretions, published in the London and Edinburgh Monthly Journal of Medical Science for September, 1841, he observes, after describing a case in which vast numbers of small concretions had been passed, in reference to the question, as to whether these were a variety of gall-stone, that "the presence of cholesterine is no criterion. This substance is not only," he observes, "contained in the bile, and is thus poured into the intestinal canal, where it may easily be deposited; but it is frequently found in situations totally unconnected with the biliary organs." This statement is so very explicit, that I should not have thought it necessary here to enter upon the question, did I not find that many are still of the opinion that concretions of cholesterine must necessarily be derived from the hepatic system.

In conclusion with respect to the patient, in reference to whose symptoms Sir Henry Marsh was consulted, it is clearly possible that the concretion voided by her may have been, not of hepatic, but of intestinal origin; and it appears to me that, if this be admitted, it will also be allowed to be more probable that a large calculus such as I have described should have formed in the intestine, than have passed in a young subject from the hepatic system to the bowel, either through the ducts or by ulceration, without giving rise to pain or jaundice.

From the Glasgow Med. Jour.

ANCYLOSIS.

BY DR. WILLIAM HALES HINGSTON.

(IN *true* ankylosis there is no motion whatever, the bones having grown together; but in *false*, the motion is diminished but not destroyed. Cooper remarks, "No attempt should be made to *cure*, though every possible means should be taken to *prevent* a true ankylosis." Dr. Hingston observes:)

With such authority before us, and the authority of many more I might quote, it would require no small amount of courage to interfere with what has been designated "a favorable termination," "a desirable termination;" and a surgeon who would undo this wise provision of nature, might be pronounced reckless and bold. I confess that such would have been my own opinion had I read, and not seen, the treatment—the successful treatment—of *true*, and in many cases long-standing, ankylosis, by breaking up the callus. This mode of practice is not novel. It was tried many years ago in France, but the result of these experiments was such as to discourage others from repeating them. Violent inflammation of the joint, and the most disagreeable consequences, generally followed; and the patient was left in a worse condition than previous to those experiments. But the French erred greatly. Instead of breaking up the callus gradually and cautiously, they restored the perfect flexion and extension of the limb immediately, and then kept up the motion of the joint in order to free the condyles from their abnormal adhesions. As already remarked, the consequences were frequently very serious. The majority of surgeons would not follow the example, and writers on surgery only mentioned this mode of treatment in order to caution the profession against adopting it.

The practice so successful under Langenbeck, and which has given rise to these remarks, consists in breaking up the callus certainly, but in a manner very different to that employed by Louvrier. The patient is placed upon his back, and chloroform administered until complete anæsthesia is induced; until, in fact, *the muscles cease to offer any resistance*. If the ankylosis be of the knee (the most favorable joint for the operation,) an assistant, or assistants, fix the

pelvis, and the surgeon commences gradual flexion, if the joint be in an extended state, or extension if in a flexed state. The force to be employed must be regulated by the surgeon himself. In cases of many years' standing, the force required, as might be supposed, is considerable; sometimes the whole weight of the body is necessary, but it must always be applied with care. When the callus yields to the external force, the amount of flexion is preserved until the next trial, the limb being exercised, passively, during the interval. A great degree of flexion is not to be desired at once; and the more cautiously and patiently the limb is managed, the less danger of violent reaction, and the greater probability of success.

Indeed, this constitutes the great difference between the treatment of Louvrier and that of Langenbeek, or between failure and success. When managed with due care, the inflammation set up is very trifling, indeed seldom sufficient to retard the cure. Frequently no reaction is perceptible. Every two or three days the patient is again subjected to the same treatment. Sometimes a couple of months are necessary to restore the functions of the joint perfectly, but three or four weeks are frequently sufficient. Although many years have elapsed between the occurrence of the ankylosis and the attempt at restoration, yet in most cases the callus may be broken up, and the integrity of the joint restored. It is absolutely requisite, however, that the patient should exhibit no tendency to scrofula, and this the more especially if the ankylosis be the result of serofulous inflammation or ulceration.

From the want of exercise of the joint, the limb is usually much smaller than the sound one. Sometimes almost total atrophy of the muscles is the consequence, but a short time suffices to restore them to their original volume. In concluding these remarks, I feel perfectly justified in supporting the claims this mode of treatment has to be admitted among the regular operations of surgery. And as result of disease of, or injury to the joint, is unfortunately of frequent occurrence, any mode of alleviating the subjects of it should obtain a fair trial, especially when supported by experiments.

From the London Med. Times.

REDUCTION OF A SCROTAL HERNIA.

BY JOHN HILTON, ESQ., AT GUY'S HOSPITAL.

(ALTHOUGH this hernia had existed in an aggravated form for above six months, and all attempts to reduce it had failed, yet, with the exception of a dragging sensation in the abdomen and back, no symptoms of strangulation had at any time manifested themselves.)

On examination, there was found in the left serotum a large, movable, irregularly nodulated mass (omentum,) which was soft, flaccid, and free from tenderness. Nothing like intestine could be felt. The neck of the tumour at the external abdominal ring appeared to be

tightly constricted. The bowels were ascertained to have acted regularly each day. Having made careful and persevering, but ineffectual attempts to effect the reduction of the tumour, Mr. Hilton directed—1st, That the man should observe an undeviatingly recumbent posture. 2ndly, That he should have solid food, with not more than half a pint of fluid in twenty-four hours. 3rdly, That a bladder of ice should be kept constantly applied to the scrotum, the latter being elevated on a cushion placed between the thighs. 4thly, That a draught, containing sulphate of magnesia and colchicum wine, should be administered three times daily. Mr. Hilton remarked to those present, that to a young man who had earned his livelihood by hard labor, it was a matter of very great importance to be relieved, if possible, of such an affection as the present, which apart from the inconvenience necessarily attendant on its bulk, would perpetuate a liability to the occurrence of strangulation. He pointed out that the important obstacle to reduction was probably offered by the loaded condition of the bloodvessels of the protruded part, and that, consequently, the indications for treatment were,—1st, to decrease the quantity of the circulating medium generally, as far as might be done without unduly depressing the vital powers, and 2ndly, by local means to constrict and unload the congested vessels of the incarcerated omentum. The one was to be accomplished by purgation, diuresis, and abstinence from fluids; the other, by the recumbent posture and the application of pressure and of cold. With respect to the last mentioned agent, Mr. Hilton further remarked, that, in the case of tumours within the scrotum the use of cold, by exciting constant and powerful contraction of the dartos, insured the application of the best and most uniform kind of pressure which could possibly be exerted. The effect of purgation was also extremely valuable, since not only did it unload the vascular system generally, but that part of it especially involved in the existing lesion, the omental veins being with those of the intestines tributary to the venaporta. It was just possible also, that by keeping the stomach and transverse colon comparatively empty, the contractions of those organs, to both of which the omentum is attached, might exert some little influence in tending to drag upwards into the abdominal cavity the displaced portion of omentum. To return to our case. After the afore-mentioned treatment had been rigidly pursued for a few days, it was noticed that the man's belly had lost its rounded contour, and become pinched in and narrow; the tumour, also, had diminished in size, and felt soft and loose, having lost its plump and definite form. The bowels had been freely purged.

On the 28th, Mr. Hilton again examined the tumour, and, with very slight pressure, succeeded in passing it up to the abdomen.

On the 30th, the man was discharged, quite free from all the inconveniences of his complaint; and, by wearing an efficient truss, the hernia had not again protruded.

Original Communications.

THOUGHTS ON THE EDUCATION OF FEMALES.

BY LYDIA J. PIERSON.

IN this essay I do not intend to consider the physical education of woman, which varies in almost every family, certainly in every condition of life, and produces its inevitably various results. My present business is with one distinctive feature of the mental culture; with one set of ideas, which is constantly inculcated, by the general consent of all manner of teachers, viz; That there is in this world an Elysium of *perfect happiness*, entered by the guidance of Love through the gates of Matrimony. That to attain this paradise is the whole end and aim of woman's existence. That to reject one, two or three suitors, is coquetry, and a heinous sin, and sure to meet with condign punishment; inasmuch that if she dares refuse to unite her fate with one whom she feels is unfitted for so close connection with her, she may perhaps be left to the *horrible and disgraceful* condition of old-maiden-hood.

Teachings like these are enforced and embellished by the whole artillery of popular opinion, and by the potent oratory of books, from the ponderous volumes of Remanée, to the lightest tales of the News-Papers and Magazines. So that every girl, before she is past absolute childhood, is dreaming of that enchanted and enchanting world of true and wedded love. She sees that her parents, her relations, her neighbors, her wedded sisters are afflicted with misunderstandings, jealousies, lack of sympathy, indifference or absolute dislike; and that the happiest among them are full of sorrows and various troubles. But the man who is to love *her*, and win her love, is to be subject to none of these failings and shortcomings of other men. He is to be far superior to her father, brothers and brothers-in-law; and even if he has failings, he will not suffer them to afflict her, his beloved; for love will restrain, elevate, unite and produce perfect felicity. At all events it is her "destiny" to love—to be loved is the fulfillment of the end of her creation,—and if her husband does not prove all that she could desire, her condition would still be better than that of an *old maid*. Of course she *must* get married; and how shall we expect such an education to result upon a creature gifted with reason, full of imagination and affection? Turn which way you will, the answer is deplorably apparent. Under the influence of such teachings woman has become what she is.

"'Tis true, 'tis pity. Pity 'tis 'tis true."

But what else could you expect? One of the first lessons taught her is to *appear amiable*. However the gall of bitter passions may be swelling in her bosom, she must yet be affable and speak sweetly to those who in her soul she abhors. She must not only conceal her real nature and feelings, but she must affect whatever of grace, demeanor or sentiment chances to obtain in the fashionable world. She must study music and attain showy accomplishments merely to attract admirers;

and she must be, or appear to be, thus and so, or (terrible consequence) she will "never get married."

Then again, men of age show themselves so unreasonably foolish as to address with flattery and professions of love, these simple, unnatural and affected children. It is now that their *destiny* is to be wrought. Some flatterer pleases the child's fancy, and quickly perceives his advantage. He extols her, and professes such boundless devotion, that she believes herself a celestial creature, or at least she is sure that he believes her to be such. She remembers all that she has heard or read of "true love," "woman's devotion," "heart worship," "perfect confiding," &c., &c., and imagines that she experiences all the love and devotion that ever filled the bosom of the most impassioned heroine of romance. She is ready to make all sacrifices, and to forsake all for his sake; yet she has no rational idea of what the man really is, or what she is herself any more than of what the duties, cares, joys and sorrows of life really are.

If her beloved is a man of honor, he makes her that ultimatum of girlhood's triumph—a bride. And now begin the real trials of life. The elysian glories of her perspective paradise perish under the touch, like the gold and the purple on the wing of the butterfly. She probably discovers, all too soon, that her adored worshipper is only a man, like other women's husbands.—And soon commence the "sorrows" of prospective maternity. In a majority of cases these are real, long-protracted and severe trials, embittered by the certainty of an approaching season of danger, and the most intense agony that the human frame is capable of enduring. Perchance she is sustained by the affectionate sympathy of her husband and the natural desire for offspring, with the dear anticipation of the father's joy and pride in the child, which is also hers. But she has not been taught to endure; she was not even aware that she was destined for endurance. She did not marry to fulfill a woman's duty; to be a help to her husband, to bear children, and to "guide the house." Her aim was to be loved, admired, worshipped; to be called beautiful and fashionable. How can she now abide the altered form, the sallow face and the seclusion from gay society? She can not think of such a thing, and so she uses every artifice to conceal or disguise her situation; and she continues her usual round of visiting and exercise, until nature refuses to sustain her longer. Then she submits, with a deep melancholy or unreasonable peevishness, to be considered an invalid. Brooding over present sufferings, and the "great pain and peril" inevitably approaching, she catches at every promise of alleviation, swallows every patent preparation, and resorts to every prescribed method of escaping, in part at least, the penalty that every woman suffers for the privilege of maternity. Fearing, trembling, with a system every way deranged, she at length reaches the crisis, through which there is neither health, fortitude or energy to sustain her. Yet nature struggles through the trial, with barbarous practical assistance. The results of such things are, a sickly feeble mother,

puny half-alive children, domestic quarrels and enstrangements, and the whole train of family discontents that render life a burthen.


This folly (is it not wickedness and cruelty?) of taking girls from the opening pleasures of young womanhood, and subjecting them to the unknown and unexpected duties of the wife and mother, is the source of more ill health, weak constitutions and domestic unhappiness, than all other causes put together. When will men learn that child-hood is child-hood, whether the child be a girl or a boy?

If girls of fourteen were considered (as they really are) to be children, and were allowed the same freedom of mind and body that is given to boys of that age,—if at fifteen, sixteen and seventeen they were deemed school-girls, balancing the mental with the muscular exercises, we would have taller, fuller, stronger and by far healthier young woman. If, having obtained a sound education, they were then required to learn some trade or get a knowledge of some business, by which they could earn an independent livelihood, we would see little of this contemptible flirting, affectation and artifice with which our helpless, simple, romantic misses watch gulls and angle for husbands; who, however, are yoked to just such a fate as they deserve. If mature, educated, independent women marry, it will be understandingly, and to men whom their reason, as well as their fancy, approves. The duties and responsibilities of wife, house-keeper, mother, accountant, will all be capably and worthily discharged. The man, in such case, will indeed have a helpmate.

Do not imagine now that I would pretend that all who go under the male garb would find my model women meet or suitable companions. I know that a great many of them would prefer to marry a simple *worshipping* child, who will in a few years become a silly, pceevish, faded, sickly woman. Why? Because a sensible woman is a rational creature, and they cannot abide her companionship, being themselves most vain.—Every wise man would seek answering qualities in his most intimate friends and companions; and who, not a fool, would choose an imbecile for nurse, mother and first instructor to a family of children.

I do not say, therefore, let girls be hurried through a course of superficial studies, just skimming the surface of science and scanning the title page of Philosophy, that she may be finished and in the market at eighteen. But let her have *time* as well as opportunity to “read, mark learn and inwardly digest” such branches of learning as may be suitable to her condition and capacity. For as she is a rational creature, and separately accountable, she is not intended as a mere dependant, but has a part to act, a separate duty to perform, a work of her own to do.

Adrian, Michigan, March, 1854.

 “Mr. George C. Baldwin, of Brookfield, in this State, but who for a short time past has been residing in the city of New York, shortly before 12 o'clock on Wednesday morning, entered in great

haste the drug store of Mr. Millon, No. 183 Broadway, and asked for an emetic, stating at the same time that he had a few moments before taken a large dose of morphine. The medicine was given to him, but it failed to produce the desired effect, and several physicians were called in, who used their best exertions to remove the poison, but without success, and Mr. B. died in the store, surrounded by his brother, Samuel Baldwin, and other relative friends."

PODOPHYLLIN.

New Haven, April 7th, 1854.

DR. COOK ; Dear Sir.—I have for some time past had many enquiries made of me, respecting the qualities of the concentrated medicines or *active principles* of medicinal plants. These enquiries have been made by Physicians as well as others. For myself, I have used these remedies more or less ever since they have been manufactured, and I must say that, with a very few exceptions, I have been entirely disappointed in their operation. The active principle of the Lobelia, when it is pure and genuine, is an improvement, because the medicine is a bad one to administer in its simple state. Still in chronic cases, where thorough and continued relaxation is necessary, the simple article is the only one that can be relied upon. The Macrotin, Irisin, and all that class of "principles," I have found to be as nothing, and they will be apt to afford the practitioner little else than disappointment.

There is one article, however, of which I designed particularly to speak, viz. Podophyllin. This is the active principle of that very active medicine, Podophyllum Peltatum. I have used this article as prepared by a number of different manufacturers, but the best I ever used was that made by Dr. Chapman of Boston.

I am not in the *habit* of using *drastic* cathartics in my practice, because they are directly at war with the fundamental principles of the Reformed Practice. But in the various forms of a diseased liver, especially in the chronic diseases, something of this kind *seems* to be necessary. To remove vitiated bile from the system and to promote healthy action of that organ, is necessary, and all doctors, (from the blue-pill man downward,) administer some cathartic to effect that object. It is not my purpose to enquire here whether this is the better practice (a point I do not believe) or whether this object is best accomplished by relaxation of the various tissues, by stimulating the absorbents, restoring capillary circulation, &c. My present object is to make some remarks upon the effect of this article on the mucus coat of the various organs with which it comes in contact. That it is a powerful irritant, I am certain, both from my own observation, and from the testimony of several neighboring physicians. As witness to this remark, I will relate two cases in which the use of Podophyllin produced very serious effects.

About the 20th of November last, I was called as counsel to see a man who had been taken with Typhus fever on the first of October previous. He had been better, but was now suffering with the worst apthous sore mouth, fauces and throat that I ever witnessed; and from the symptoms I judged that the mucus coat of the stomach and intestines were also involved. Almost all medicines and even drinks were immediately rejected, and anything of a stimulating nature produced intense pain in the stomach and through the alimentary canal. From former experience, I judged that the two Botanic physicians who were in attendance, had been using Podophyllin, and on asking, I learned they were giving it in small doses "to touch the Liver." The tongue had once cleared off, and the patient was apparently convalescing; but now he was delirious, and sinking rapidly. I stopped the Podophyllin, gave astringents, mucilages, stimulents as much as he could bear, and very small doses of Lobelia; with enemata sufficient to produce action of the bowels. He gained in seven days so as to be able to walk to another room, but had a partial paralysis of the lower limbs, and a weakened condition of the nervous system, which I attribute wholly to the continued use of the Podophyllin. This case is now under my care, gaining slowly.

Another.—I was called, in August, to see a man of strong athletic frame and good constitution, aged 40. He was laboring under typhus fever, and when I saw him appeared comfortable, pulse 85. He had been under treatment about one week; had lost his father and brother with the same fever, and felt alarmed about himself, though at the time reading the newspaper. I did not think he would be confined long, and thus stated to the attending physician. I heard no more of this patient for four weeks, when I was again called in. I saw nothing alarming in the case at this time. The attending Physician stated that there being a morbid condition of the liver and bowels, he had administered small doses of Podophyllin, which had produced thorough bilious discharges. I suggested the impropriety of giving much cathartic medicine, as it tended to weaken the system, &c.

About this time another Physician in the neighborhood was called, and they two attended daily. He also remonstrated against the use of the Podophyllin, yet it was continued. I was again called, for the third time, as counsel in the case, eight weeks from the commencement of the attack. I found the patient sinking, and learned to my astonishment, that a dose of the Podophyllin had been given the day before. I refused to come again unless this article was dispensed with, which condition being acceded to, I called again in a few days. I found the apthous sore mouth and throat as in the foregoing case. He died a week after this, having been sick about eighty days.

The wife of this man was taken with the same fever, and I enjoined upon her to use no physic, but to take a vapor bath as long as she could bear by using internal stimulants, and then to relax the

system thoroughly by the use of Lobelia. She recovered immediately. She was worse five days after she felt the premonitory symptoms, than her husband was after he had been sick four weeks ; and my opinion was, and is, that *he* would have recovered had he, in the incipient stage, received the same treatment as his wife, or if he had not taken any irritating cathartics.

I have other cases like these, which tend to illustrate this same point, but these will suffice.

But the friends of Podophyllin will say, that it should not be used in typhus fever. I would ask, if it produced the results above mentioned, (which I most firmly believe it did,) is it a proper remedy in any form of disease ? "Can a man take coals in his bosom and not be burned ?"

I have written to direct attention to this subject, and not in a spirit of fault-finding. If it calls forth discussion, and tends to establish the truth of the harmlessness of Podophyllin, I will be satisfied.

BOTANICUS, SENR.

NOTES ON ACUTE PNEUMONIA.

PNEUMONIA is an acute Inflammation of the Substance of the Lungs, always to be looked upon as a serious difficulty. It is divided into three stages. The *first* stage is that of engorgement, in which the minute and ultimate air-cells become partially infiltrated with blood, which is rendered frothy by admixture with the air that is still admitted into the cells. The *second* stage is that of *hepatization*, when the cells become filled with blood, wholly excluding the air. Globules of partly-solid brown or straw colored matter are found intermixed with the extravasated blood. In the *third* or *suppurative* stage quantities of purulent matter are deposited in the lung.

Pneumonia generally runs its course in fifteen days. It more frequently attacks the right lung than the left, and is most common to the lower lobe. It is frequently found complicated with pleurisy, when it is termed Pleuro-pneumonitis. It always spreads to the Bronchia, causing inflammation of those tubes.

SYMPTOMS.

First Stage.—Commences with shivering followed by heat and an accelerated pulse, as in Inflammatory Fevers ; severe pain in the chest ; in pure pneumonia this pain is deep seated and dull, while in pleuro-pneumonitis the dull pain and a sharp superficial pain or "stitch," occur together ; nearly constant cough, without any expectoration at first, but afterward there is a tough mucus sputae ; oppression and constriction across the chest, with slight dyspnoea.

The stethoscope discovers to the ear a *minute* crepitant or crackling sound, which is at first slightly mixed with the natural or vesicular sound.

Second Stage.—Breathing short and hurried; talking tiresome and painful; *sputae very viscid and of a rusty color*, owing to small quantities of blood being minutely mixed with the mucus; percussion gives a dull sound; auscultation finds a whiffing, puffing sound in the Bronchial tubes, and an indistinct murmuring in the voice.

Third Stage.—The symptoms of this stage are less certainly marked than those of the two preceeding ones. A brown or “plumb-juice” colored expectoration, sunken features and a gurgling sound in the lung, are the best marked signs, though they are not always reliable.

The stethoscope may discover the different auscultory sounds at the same time in the same lung. This is owing to the Inflammation being in different stages at different points. A slight inflammation in a deep portion of the lung may give no sound to the ear, yet all the symptoms of pneumonia be present.

DIAGNOSIS.

PNEUMONIA.

Pain deep seated, constant and dull.
Sputae tawny colored or rusty.
Pressure on the intercostal spaces not painful.

Abdominal pressure causes a distressing cough and sense of suffocation.

PLEURITIS.

Pain superficial and sharp.
Sputae glairy and transparent.
Intercostal pressure painful.

Abdominal pressure does not aggravate pain.

• *PROGNOSIS.*—Increased tenacity of the sputae; cessation of expectoration, or the supervention of brown or green sputae; weak pulse; delirium and coma are very unfavorable symptoms. An increased flow of urine, and a return from the Bronchial to the erepitous ronchi are favorable.

TREATMENT.—In the early part of the forming stage a Lobelia emetic may be given, but it is not to be repeated as the disease progresses into the second stage. But if the symptoms of the first stage have been removed and are about recurring, a second and even a third emetic may be given. The stomach may be prepared by copious draughts of White Root and Coltsfoot infusion.—Lobelia and Ipecac in equal parts is the best to produce emesis in children. They may receive it by injection.

The general steam bath, or the tepid pack, are very valuable auxiliaries.

An infusion of Aselepias eight parts, Arctium Lappa Sem (Burdock seeds) two parts, Lobelia herb one part, may be given to the point of nausea and continued there. If the stomach is very susceptible to the effects of the Lobelia, it may be omitted, and a free perspiration kept up by the other articles. An equal quantity of the Eupatorium may be used instead of the Aselepias, in either case remembering to give the infusion warm. The Myrica Cerifera (Bayberry) is a valuable adjuvant to the Aselepias or Eupatorium.

Free expectoration is of very great moment through the whole course of the attack. The stimulating expectorants are best, such

as, Polyala Senega and Asarum. They may be added to the other infusions, or administered separately. The nature of the disease demands most active treatment. The emetics should be prompt, the baths thorough, and the infusions given to the fullest point of nausea without vomiting. Continue these means until every trace of active inflammation has disappeared.

Keep the bowels open with mild laxatives, as Senna, Leptandria, Juglans, &c. The period of convalescence may be treated with an infusion of Boneset and Comfrey, or Spikenard and Skunk Cabbage. Small portions of Yellow Parilla will be found very valuable, especially if the bronchia have been much involved. Mallows root, White Pine bark and Tamarac bark will be found valuable demulcents.

SUGGESTIONS TO FEMALE MEDICAL STUDENTS.

BY LYDIA F. FOWLER, M. D.

SINCE the appearance of my communication in the second number of this Journal, many ladies have written to me saying they thought that they possessed the necessary qualifications for medical students, and have asked for further suggestions as to what course they had best pursue during the coming season in order to further their desire to become accomplished practitioners. I will, therefore, embrace this opportunity to give a few more hints upon this subject, presupposing that the ladies who are interested have only a school knowledge of Anatomy and Physiology.

To prepare ourselves for a course of College Lectures, and to lay a foundation for a successful period of College study, it is very important to possess an *intimate* knowledge of anatomy. For a full acquaintance with the structure of the body is as important to the medical student, as a good foundation is to the builder. And though the basis of rough stones and mortar has nothing to do with the elegance of the upraised edifice, yet is absolutely necessary to its stability: so the study of the bones seems irrelevant to the subject of healing diseases, yet without such knowledge it is useless to think of becoming accomplished in the science of Medicine.

It will be well for a prospective student to get a volume of Wilson's or Morton's Human Anatomy (I prefer Morton's.) Get, also, all the bones of the body, if possible, but especially get the bones of the Cranium and Thorax. These things can generally be procured of some physician residing in your vicinity. With these at your hand, you can get a very excellent knowledge of this subject, if you but apply yourself and have that perseverance which you *should* have. It would be much to your advantage if you could once a day or even twice a week, recite to an intelligent Physician. This will both present a greater stimulus to you in the pursuit of your studies, and will prevent you from miscalling technical names, besides being of great assistance in fixing terms in your memory. Be sure, however, that

you seek such aid from one who can give it, and avoid those *traveled* gentlemen who prate loudly of Hydrokefalous Intersuseptor, Askites, and similar woful murderings of the King's Anatomical English. And it will aid you very materially to have a knowledge of the Latin tongue: indeed, if you are not acquainted with that language, we would almost say you *should* learn it at once. For the mind learns easily by association, and most of the terms of Anatomy are of Latin origin.

If, in addition to your anatomical studies, you get a copy of Carpenter's Human Physiology, and pursue these two branches diligently during the coming summer, you will be prepared to attend a course of Medical Lectures next season. And unless you pursue this elementary method, a term of instruction in a College will be of little benefit, and the Lectures will seem like a confusion of tongues at Babel.

And being now prepared for a College course, if you wish to learn the Hydropathic system, Dr. Trall's Institution is open to you. But if you would learn the liberal treatment of disease with both water and medicine, an opportunity for doing so will probably be offered you by another season. Arrangements for this purpose are now being made here, and in a few months we hope to be able to inform you that the friends of Female Medical Education have perfected plans, and secured facilities, by which woman can be initiated into the mysteries of physie, and receive a complete, thorough and scientific knowledge of the Healing Art.

Another item for remark is the expense of a medical education. It is an old and wise saying that before commencing any important undertaking, we should "count the cost." No one can expect to acquire a Profession without the expenditure of both time and money. And so, when young men arrive at manhood, their anxious fathers consider it their duty to have them learn some trade, business, or profession, and they of course expect to defray the expenses arising from their sons' instruction in such business. But, ah! the distinctions of sex. The *daughters* are thought to be fit for no other business than marriage, or if they learn a trade, their economical parents make sure that they pay their own expenses. But let me advise you who look for other occupation. If you have a father who has a sufficiency of this world's goods, make an appeal to his generosity. Tell him that you neither wish to be a burden nor to marry for a mere home or support. But tell him that you seek to exercise your God-given powers in procuring your own livelihood; and that if he will assist you equally with your brothers, you will repay him tenfold by your future labors of usefulness. If you are found earnest and ardent in your desires and intentions, few parents will withhold the necessary means; and perhaps when the snows of many winters come over their brows, they may find you the joy and successor of their declining years.

If you cannot get this pecuniary aid at home, is there no other way

for you to get it? Have you no friend to render you a helping hand your father giving his consent, a friend whom you can repay after you have finished your studies, when your education aided by your energy of character, will enable you to realize a support? Or is there not a school to teach, or other thing to do, by which you can yourself earn enough to secure your medical education. Remember that those among our Literary men who have had to struggle hardest during their Collegiate life, have entered upon the duties of their calling better prepared to grapple with difficulties, than those whose paths have been always strewn with Flowers.

"Tut, tut," cries a Doctor here and there, "what shall be done with those women who are coming into the practice? Here we old soldiers have been travelling through the wilderness many years, and have hardly obtained a sight of the promised land, while these women will at once enter the country flowing with milk and honey, and take away all our practice."

Do you really concede this, ye disciples of Esculapius? We have expected that our admission to medicine could only be obtained after much labor; for though our age is peculiarly a progressive one, yet as old things pass away, the new have to struggle with almost bloody hands before they can obtain a foothold. But if you are really afraid that woman's entrance into the Profession will curtail your business, we will show you an easy way of solving the difficulty. Let each of those trembling physicians, whose feet are not planted in the Rock of ages as revealed in medicine, at once set about qualifying his wife for a helpmate in his noble calling. They will find this a most effectual soother to their fears. We are acquainted with one Physician who has given his wife a medical education, and he thinks it was the very best investment that he ever made. If all physicians would pursue the same course, they would find the undertaking a profitable one. Why cannot we have a very *regiment* of the wives of physicians to attend medical lectures in this city next winter?

But, says another objector, what would become of the poor children of the medical woman? We answer, the maternal relations must not by any means be undervalued. But there are now thousands of cross, peevish, irritable mothers all over the country, made irritable by diseases that are wearing out their bodies. The sepulchre yawns to receive them, yet for years they drag out a weary existence, a living death, and the future having no prospect but constant suffering. A majority of these females would die rather than consult a male physician, yet they continue to give birth to puny and enervated children, who suffer both physically and mentally, for want of the care of a healthy mother. What a different picture would we see if there were a few female physicians in our land, with whom these sickly and debilitated mothers might consult?

But it is singular that the children of those women who would labor in some good or humane cause are the only ones that are so pitied by community. We will venture to say that the children of

the philanthropic woman will be as well cared for, as those of the devotee of fashion.

We would again say, woman, count the cost, the opposition you may receive, before you conclude to enter the Temple of Medicine. But form your own decisions, from your own inward consciousness of your fitness for the work, paying no heed to unsought advisers ; and rest assured that God will "help those who help themselves."

New York, April, 1854..

A CASE OF CYNANCHE PHARYNGEA.

BY DR. J. LEATHE.

On the seventh of March I was called to see Mr. B——, who had been taken with chills, headache, and fullness in the throat. Considering it but a common cold, I gave him freely of the composition tea. When I visited him the following morning I found him unable to sit up ; the Pharynx and fauces greatly inflamed ; tongue covered with a thick yellow coat ; pulse an 120 per minute ; deglutition difficult, and unable to take any nourishment. I directed the patient to pour boiling water upon the following herbs, and inhale the vapor.

Marrubium vulgare (Hoarhound,)

Tanacetum (Tansy,)

Absinthium (Wormwood,)

aa

q. s.

A fomentation of the same was applied to the throat, and the whole covered with a piece of dry flannel. These were repeated every four hours. The mouth was gargled with Comp. Tine. Myrrh and Tine. Golden seal *aa* half an ounce, diluted with water. A portion of the antibilious physic was directed to be taken in the evening.

On the morning of the 9th, the respiration was easy, but the throat still inflamed, tongue and pulse about the same ; skin very hot and dry, and the patient very weak and discouraged. Gave a brisk Lobelia emetic, followed with a tea of Crawley and White root through the day, and another dose of the Antibilious Physic at night.

This caused a very complete relaxation of the system, and the inflammation and all the acute febrile, symptoms disappeared, and the patient felt so well that he opened his window and sat down directly in front of it to enjoy the breeze of a pleasant day. This exposure caused a check of the perspiration and in a few hours he was again prostrate on the bed. He now suffered with a most excruciating pain through the chest and along the dorsal portion of the spine ; the whole right side was in a state of partial paralysis, the arm having lost all power of motion. I directed him to drink very freely of infusion of the composition. The arm and back to be bathed with the following stimulating liniment.

Alcohol,

Oil Wormwood,

Oil Origanum, *aa*

4 oz.

40 drops

On the morning of the 11th the patient was comfortable, excepting a little pain still creeping through the right arm and shoulder, and some irritation still lingering in the pharynx. For this I had him take

Actea Racemosa [Black Cohush]	1 oz.
Polygala Seneca	1-2 oz.
Water	1 pint.

A tablespoonful to be given every hour.

The bowels to be kept open by the Compound powder of mandrake.

In a short time a minute eruption appeared over the chest and right arm. This disappeared in twelve hours; the arm and side gained their usual strength, and the patient recovered fully in two days.

New York April, 1854.

Editorial.

"POLYPUS UTERI AND ECLECTICISM."

In the April number of the *American Medical Monthly*, (the largest Allopathic Journal published in this city,) we find an article under the above caption, communicated by Dr. O. C. Gibbs, of Ohio. In the case that Dr. G. reports the polypus was of the size of a pear and attached to the fundus of the uterus. It was ligatured with bonnet wire, and came away on the sixth day. "This case is interesting" says Dr. G. "from its previous history, and lengthy treatment at the hands of one of those ignorant pretenders who, with the pleasing cognomen of "Eclectic," tamper with the lives of their fellow-men, and pocket complacently the golden rewards of their worse than useless medications; decrying that knowledge and skill that might save their patient from suffering and death, while in the darkness of ignorance they are aggravating the former and inviting the latter. He further informs us that the "ignorant pretender" had treated the woman with medicines of "complex compounding," "pessaries, supporters" and similar "multifarious medication." But it was of no avail, for he [the Eclectic] mistook the polypus for an inverted uterus, "an error in diagnosis, which nothing but the most consummate ignorance could have made."

Dr. G. takes pride in telling the profession that the unfortunate pretender in question "was ignorant of the nature or pathological signification of polypus, and was not sufficiently acquainted with his mother tongue to know the definition of a ligature." And it is quite apparent that the sole object he had in view in communicating the case to the *Medical Monthly* was to reproach and scandalize the entire Eclectic fraternity, because of the mistake of this one individual in this solitary instance. We admire that disinterestedness and magnanimity which can stigmatize five thousand physicians on account of so remarkably ignorant a disciple committing so grave an error

But we will comment in more detail upon Dr Gibbs' communication, making two divisions in our remarks, *first* considering the subject of diagnosing uterine polypi, next examining into the Obstetrical infallibility of Old School physicians.

In regard to diagnosing uterine polypi, we will turn to Dr. Dewees' work on the Diseases of Females. There on the 251st page we read;—"The inverted uterus and a polypus of this organ, may readily be confounded, and the mistake either way may give rise to very different results. The diagnostics of the inverted uterus, and a polypus of this organ, as laid down by writers, are both vague and discrepant. This has created no small embarrassment and uncertainty in the surgeon, who is about to undertake the removal of the tumor occupying the vagina: since he cannot satisfy himself of the real nature of the disease he has to contend with."

On the 252nd page he further says "Mr. Newnham has collected, as we have remarked, with great industry, nearly all that has been said upon the diagnostics of these two complaints; and, from all that can be learned from these various sources, a conclusion must be drawn, that there are none which are absolutely certain." He then quotes from the 82 page of Mr. Newnham's valuable treatise on *Inversio Uteri*, and we will transcribe the quotations as we find them there.

"On reviewing the foregoing testimonies, we shall be induced to conclude, that it is *always difficult* and *sometimes impossible*, with our present knowledge to distinguish *partial and chronic inversion of the uterus from polypus*: since, in both diseases, the os uteri will be found encircling the summit of the tumor, and, in either case, the finger may be readily passed around it. And if, in order to remove this uncertainty, the whole hand be introduced into the vagina, so as to allow the fingers to pass by the side of the tumor, to the extremity of the space remaining between it and the os uteri: and if we find that the finger *soon arrives* at this point, it will be impossible to ascertain whether it rests against a portion of the uterus, which has been inverted in the usual way, or by the *long-continued dragging of the polypus upon its fundus*. And if, under these embarrassing circumstances, we call to our assistance our ideas concerning the *form of polypus*, its *enlarged base*, and *narrow peduncle*, we must also recollect the abundant evidence to prove, that the neck of such a tumor is often as large, and sometimes larger, than its inferior extremity; and we shall still be left in inexplicable difficulty."

Here we find two of the most learned Obstetricians of the Allopathic school admitting the actual *impossibility* of correctly distinguishing uterine polypus from inversion of that organ. Acknowledged as high authorities on Obstetrical matters, with all the medical science of the world at their hands; enjoying extensive opportunities for observation, and recording the results of their experience without any reference to sect or schism; we receive their

writings with every feeling of deference. And if these ripe scholars so positively believe that "inverted uterus, and polypus of that organ may readily be confounded," who is able to determine the question correctly? If the most learned Allopath is nonplussed in essaying to form a diagnosis, can any blame be attached to the most learned Eclectic if he also fails? We certainly think not. How much less blame, then, can we attach to the failure of one so unlearned as the person alluded to by Dr. Gibbs? It is a fault of incalculably greater magnitude for erudite Allopaths to be deceived in diagnosing so intricate a disease, than for the "unscientific pretender" to make the mistake. And the charge of "consummate ignorance" would rest upon the head of the former ten thousand times more heavily than upon the latter. Surely if Dr. Gibbs had been acquainted with his own authorities, he could not have made *that* case the goat upon which to heap so many ungenerous remarks about Eclecticism.

But we are by no means surprised at the course here pursued by Dr. Gibbs, for it is a course that characterises the whole fraternity to which he belongs. They do not admit that any person but an Allopath knows any thing about medicine, or that it is possible for him to learn anything. No philosophy, no facts, no skill is admitted to have an existence, unless it springs from, and belongs to, them. Intolerance is the very corner-stone of their creed, and they are sworn to exterminate all systems but their own, all truths but such as they discover. When a school, or a party, or an individual falls under their displeasure, they never scruple to resort to any means that will injure the object of their hatred. If a tenet is to be misrepresented, a practice belied, or a system forcibly contorted into a false and disadvantageous position, an Allopath can do it as skillfully as any man on earth, not even excepting the most rampant party politician. And it is a strange fact, that during their whole seventy years struggle to suppress Thomsonism, Physio-Medicalism and Eclecticism, they have employed but one continued round of vituperation. They have not once, not even for a moment, attempted to show the falsities upon which these several reformatory movements were founded. Quacks, imposters, pretenders, ignoramuses, fools, and such like civil epithets have been showered forth as plentifully as sand by the sea shore. But *why* we are quacks, and *why* we are imposters, are questions they have not, and *dare* not, undertake to answer. They know that if they essayed once to reason the subject, or enter into a philosophical discussion, the infinite force of our arguments would bury them from the sight of men. So considering it "*beneath* the profession," to calmly discuss tenets, they pursue the very "dignified" course of trying to retard progress by denouncing and stigmatizing. They may hope to annihilate us in this way, but we suspect they will be grievously disappointed.

So much upon the subject of diagnosing uterine polypi. Let us turn, for

a few moments, and see the very great and ludicrous mistakes that some Allopathic physicians make in other and less intricate Obstetrical matters. And in saying Allopathic physicians, we do not refer to those grossly ignorant fellows who have succeeded in buying a diploma through the influence of some friend, but to those who have studied regularly, graduated credibly, and had the advantage of several years practice.

During the past four years we have known six cases in which as many Allopathic accoucheurs failed to distinguish the gravid uterus, at full term, in each case confounding it with abdominal dropsy. In one instance the physician insisted upon performing paracentesis, when he was very suddenly expelled the house by the indignant woman, who was the mother of four living children.

We know of a physician who once had the placenta come away immediately after the severing of the cord, and before he could give the child to the nurse and return to his attentions upon the woman. As the placenta was somewhat diseased and small in size, he concluded that it was not the after birth, but some growth that came away from the rectum. He did not know his error until the arrival of counsel from the distance of ten miles.

Some years ago an Allopathic physician of note, residing in this city, was called to take away the placenta from a woman who had just been delivered by a midwife. He pulled at the umbilicus until it broke, when he immediately introduced his hand into the womb, grasped the firm and tough uterus instead of the spongy placenta, and then pulled with *both hands* until he tore out the entire womb. It was testified, upon trial, that he "pulled very hard" and was "in a profuse perspiration." The woman died five minutes before he got the uterus away. The Doctor was sent to the Penitentiary for a year.

But we will forbear, simply advising our neighbors to be a little more cautious the next time they undertake to herald forth the consummate ignorance of any of the disciples of Reformatory Medicine. But we have a few more facts left, and if they see fit to present us with an opportunity for "elinehing" them, we will be but too happy to take advantage of it.

MENTAL PHILOSOPHY FOR THE PHYSICIAN.

It is now a demonstrable fact, that if the attention of any person is strongly directed to any particular part of the body, that there will be a determination of blood to that part, with peculiar feelings. The intimate relation that exists between mind and matter has long been acknowledged; but the *modus operandi* of this agency, and the specific action on particular organs, has not been sufficiently appreciated. The various emotions and mental efforts are to the brain, what food and drink are to the body.—They stimulate, they depress, they tranquilize and they ruffle the soul, and at the same time they affect the body. The vascular and nervous systems especially, are

more immediately under the influence of the mental emotions, and the minutest capillaries feel its power.

Let the idea of *shame* cross the imagination of sensibility, and instantly the capillaries of the cheek are gorged with blood. Let the emotion of *fear* take possession of the mind, and the vessels of the face are blanched and bloodless.

Anger causes blood to rush to the surface, and it has been known in some cases to rouse the dying, and cause them to put forth almost superhuman efforts; and as soon as it cooled off, death supervened.

Terror and alarm have often a stimulant effect as well as a depletive influence. Hildanus relates the case of a gouty patient who was siezed by a man disguised as a ghost, and dragged down stairs and out upon the ground, and then descried. The gouty man, finding himself left by the supposed ghost, jumped on his feet and sprang up stairs with great agility and never afterwards had any symptoms of the gout. The following instance we have somewhere seen. A Jew in France came by chance one night over a dangerous passage or plank that lay over a brook: the next day on reviewing the dangerous place which he had escaped, he fell down dead.

It is through mental impressions that amulets and charms and incantations have indubitably produced the most wonderful effects. Thus, during the siege of Breda in 1625, when the garrison was on the point of surrendering to the enemy, on account of the ravages of the scurvy, a few vials of colored water were conveyed into the fortress by the orders of the Prince of Orange, with the strongest assurances of a specific cure of this disease. The consequence was, that the mental energy inspired by confidence in the medicine worked miracles. The account states, that "such as had not moved their limbs for a month before, were seen walking in the streets, sound, straight and whole. Many who declared they had been rendered worse by all former remedies, recovered in a few days."

In more modern times we notice, when merit or chance, good fortune, wealth or any other circumstance, establishes a reputation for *superior* skill in the physician, the efficacy of the prescription is infinitely enhanced by the patient's confidence in its power: and one physician will cure a disease with precisely the same remedy which failed in the hands of a less fortunate cotemporary. Hippocrates says, "That physician heals many in whom they confide much," and Avicenna, who lived just after the time of the father of medicine, says, "The faith and confidence of the sick are to be preferred to the advice and arts of medicine."

It is in this way that the magnificent and unqualified promises of the quack, inspire weak minds with extravagant expectations, and thus produce those marvellous cures which we see trumpeted forth in the handbills and advertisements of the day. Drugs are administered, either inert or perhaps

diametrically opposed to the views of the quack himself, yet the cure is no less real.

The nervous and vascular systems are so particularly under the influence of the mind, that the whole range of the corporeal faculties, the entire physical organization, feels its emotions. Corvisart says, that "diseases of the *heart* were extremely common in the times of the French Revolution, when the minds of all classes were kept in a constant state of agitation and alarm." We have seen the heart organically diseased by purely *mental* suffering, in two or three instances.

Some susceptible subjects may be so acute, as that they may be said to be all soul within and all nerve without. To such as may be thus unfortunately constituted, it may be imagined what havoc those great and predominant passions, such as love, piety, ambition, envy, hatred, &c., produce on the enervated frame, when they are carried beyond their natural and salutary boundaries. Love, that cordial drop, which has been thrown into the bitter cup of life, and which, under proper regulations and restraints, contributes so much to our happiness, yet it has destroyed more victims than the conqueror's sword. Religion, too, the benefits of which extend beyond the grave itself, and which opens to the immortal soul, the highest sources of happiness, yet by the weakness of human reason, has too often been turned into superstition and fanaticism, and this reacting on the corporeal fabric, has destroyed the physical as well as the intellectual powers of the misguided zealot and sectarian. Those cheerful and moderate indulgences in religious meditations and exercises of christian duty, which enable us to live in tranquility and die in hope, are converted by the fanatic into engines of destruction to his own health and happiness.

The above picture has no applicability or similitude to genuine religion, as taught in the precepts of Christ, for this contributes only to equanimity of mind and happiness. *His* precepts carried out and practiced, contribute to physical health in all respects and to a good old age.

Our mental emotions are so universally and constantly in action, and our familiarity with them is so great, that we scarcely notice the corporeal derangements which they are perpetually generating. Plato saw this and says, "All diseases of the body proceed from the soul."

The influence of the depressing passions, or of melancholy, upon the *hepatic organs* is so well known and so universally acknowledged, that it is not necessary to adduce any illustration. The mental control which is exerted over the stomach and bowels, is equally manifest.

But we have already exceeded our prescribed limits. We trust enough has been written to show the importance of the study of *Mental Philosophy* for the physician; and that more attention should be paid to this branch of science, by those who instruct in the healing art.

I. M. C.

DIAGNOSIS OF THE ERUPTIVE FEVERS.

DURING the prevalence of the Small Pox in this city last winter, a panic seemed to fall upon the *regular* portion of the Profession, and almost every body who was unfortunate enough to have a "sour stomach," or to "feel feverish," was promptly marked as a victim of the epidemic. To the lover of fun it was ludicrous, to humanity painful, to see the grave blunders which the Faculty daily made in their diagnosis. We were personally acquainted with many cases of Measels, Bilious Fever, Jaundice and Scarlatina, which the *learned* sagely pronounced Variola, and treated as such, until an advanced stage of the disease showed the falsity of their opinion. And when their mistake was discovered they found it very convenient to wrap themselves up in the "dignity of the Profession," assure the friends that Physic was not a "demonstrable science," and prove, by "the Books," that the "authorities" frequently made errors in diagnosis.

But while, on the one hand, we were grieved to see so many and such serious mistakes on the part of the Allopathic savans, we were much pleased to see the unvarying correctness with which Reformers diagnosed this disease. We have not known of a solitary instance in which these "quacks" failed to distinguish the Variola from all other fevers. In some cases the Measels and the Small Pox were found in the same family, yet the patients suffering from each were correctly pointed out twenty-four hours before the appearance of any eruption. The most prejudiced cannot but acknowledge that such unvarying exactness was very creditable to the knowledge and skill of these "imposters," besides giving them the advantage of managing their patients properly from the beginning, instead of falling into that very serious error of treating one acute disease for another and very opposite one. It also shows that we peruse *their* authors to more advantage than they themselves do; and if they would but be as diligent in examining the new as we are in gleaning from both old and new, we cannot but think that their consciences would be spared many a pang when reflecting upon the number of lives they have sacrificed through ignorance.

While this subject is fresh in our mind, we will make a few remarks upon the distinguishing features of the three Eruptive Fevers, Rubeola, Scarlatina and Variola.

In the earliest stages of Small Pox and Measels the febrile symptoms are so nearly alike that they cannot be distinguished. Chills, flushes, lassitude, nausea and vomiting are common to each; but in variola there are severe pains in the head, and distress through the back and loins, which are not found in Measels.

An attack of the Measels is ushered in with symptoms of Catarrh in addition to those of fever. The mucus membrane of the nasal passages, fauces,

larynx and bronchia is the seat of much irritation, giving rise to hoarseness, frequent sneezing, watery defluxion from the eyes and nose, redness and heaviness of the eyes, and other evidences of coryza. These are noticable from the first, but are not found in small pox or scarlet fever. In the latter disease there is a running from the eyes and nose, but not until after the appearance of the eruption.

In Scarlatina, *acute* inflammation and *great soreness* of the throat, is a distinguishing feature, which is not found in the other two eruptive fevers. True in Rubeola the throat feels sore, but it is only a slight irritation, and has none of that severe pain and active inflammation which characterise all grades of the Scarlatina.

The eruption of Small Pox begins to appear during the latter hours of the *third* day of the fever; in Measels it appears from the *fourth* to the *seventh* day after the beginning of the catarrhal symptoms, and generally commences upon the extremities; in Scarlatina the rash is manifest on the *second* day, appearing upon the face first, as it also does in variola.

When the eruption of Variola and Rubeola are first observed, they are in the form of small, red papillæ. The papillæ of one disease cannot, at this stage, be distinguished from those of the other, but it is noticable that the febrile symptoms *almost wholly abate* on the appearance of the eruption, if the case is one of SMALL POX, but rather *increase* if it is MEASELS.

The papillæ of Small Pox gradually enlarge and rise above the surface, either separately or running into irregular masses. In three days they are found to be pustular, containing a thin whitish yellow pus. About the twelfth day this cuticular suppuration has dried down, leaving the pustules in the form of scabs, which then begin to fall off.

The eruption of Measels is also elevated above the surface, but never suppurates. The papillæ gather in little blotches, generally of a semicircular shape, and between these blotches the skin remains of its natural color. The papillæ and blotches are of a raspberry tint, are generally three days in forming, and begin to fade away about the sixth day from their first appearance. The cuticle over the blotches then gradually rubs off like minute flakes of dry bran.

In Scarlatina the papillæ first observed are but so many red centres, which gradually spread until the whole body is in a blush. There are no interstices of natural colored flesh as in Rubeola. Passing the hand over the body in Measels we discover that the blotches are elevated above the surface, while in Scarlet fever the skin is as smooth as before the appearance of the rash.

With these distinguishing features in view, the practitioner will scarcely fail to make a correct diagnosis of the three Eruptive Fevers, and that, too, in the earliest stages.

TREATMENT OF CANCER.

M. DEARY of Lyons has been investigating the therapeutical properties of Conium, in cancer. In his latest experiments he has found the best preparations to be an extract and balsam, containing one per cent of conicine made from the seeds of the plant, gathered when at maturity, of full weight and of an ash-grey color. An ointment made of the conium, applied externally, in chronic enlargement of serofulous glands, possesses a resolvent power greater than any other substance. In cancerous affections, it exerts remarkable calming effects, and in some cases, even cures have resulted from its application, especially in the atrophied form of scirrhus. It has diminished the size of secondary tumors, rendering the primary ones amenable to surgical operations.

He thinks it preferable to opium, and all other narcotics, as a means of assuaging suffering whether used topically, or taken internally.

We are prepared to give the *Conium maculatum* some credit as a remedial agent so far as our experience goes, although some objection may be raised against its use on account of its narcotic properties. In serofulous affections we have tested its powers, to a certain extent, both internally and externally, and in one case of enlargement of the mesenteric glands, where the patient was abandoned by two allopathic physicians as incurable, we succeeded in reducing the enlargement and with the addition of tonics restored him to health and strength.

We have no doubt of its resolvent powers, for we have seen its good effects when applied to serofulous tumors upon the neck in the form of an ointment and when used as a fomentation in connexion with stramonium leaves.

As a remedy for cancers we confess our scepticism in it, and think its virtues have been overrated. When given internally it should be combined with sassafras in some form, as we are told that this vegetable will prevent unpleasant sensations upon the head by destroying its narcotic properties. If this be the case, we can see no objection to its employment in our practice.

A. R. P.

 NATIONAL ECLECTIC CONVENTION.

THE National Eclectic Medical Association will hold their fifth Annual Meeting at the Worcester Medical College, in the City of Worcester, on the 9th and 10th of May, 1854. Eclectic and Botanic Physicians generally are respectfully and cordially invited to attend. The meeting above-mentioned is one to which the friends of Medical Reform look forward as to one of great importance, and one likely to prove even more deeply interesting than any of its predecessors. Much valuable information is expected from the papers

which are to be read by gentlemen to whom various subjects for dissertation were assigned the past year.

The subjects assigned were as follows:—

To Dr. E. S. McCLELLAN, Inflammatory diseases of the Uterus.

“ Dr. L. REUBEN, the Physiology of the Blood.

“ Dr. W. BURNHAM, Ovarian Disease.

“ Dr. J. SITES, the Treatment of Miscarriage.

“ Dr. G. W. MORROW, Morbus Coxarius.

“ Dr. S. J. W. MINTZER, Syphilitic Diseases.

“ Dr. SAMUEL M. EBY, Cancer.

In addition to the reading and discussion of these important subjects, Prof. L. Reuben will, during the Meeting of the Association, pronounce a eulogy on the late Prof. C. Newton.

On the whole, it is believed that the Meeting will not only be one of great interest, but will also be one of much service to the cause of medical reform; and it is hoped that a large delegation from all parts of the country will come together to cheer each other's hearts, and concert measures by which the knowledge of true Medical Science may be aided on its mighty march, the world be purified from medical error and led back to those better remedies, and that better practice, which Nature has pointed out for “the healing of the Nations.”

Let sectional differences, then, be forgotten, and all the Reform Physicians come forward and work together for the greatest good of the cause.

The Convention will be organized at 10 o'clock, on the Morning of the 9th of May.

J. V. WILSON, M. D.,
Corresponding Secretary.

CORRECTION.—In Dr. V. Millar's article in the last number, in the first formula, read “spts. Ammonia, 1 oz.” instead of “4 oz.” In the same article, after the second formula, read “half a *tea-cupfull*,” instead of “half a *tea-spoonfull*.”

CONNECTICUT BOTANICO-MEDICAL SOCIETY.

THE Annual meeting of the Connecticut Botanico-Medical Society will be holden at New Haven on Tuesday, May 9th. Professors Bankston and Loomis, of the Metropolitan Medical College, are expected to be present to deliver addresses, and Prof. J. Kost will also be present, unless delayed by unforeseen accidents.

We hope the members and friends will not fail to attend an annual meeting that promises to be so replete with interest.

T. S. SPERRY, M. D., *Secretary.*

THE Journal of Medical Reform.

JUNE, 1854.

Selections.

From the Boston Med. and Surg. Journal.

OPHTHALMOSCOPES.

BY A PARISIAN CORRESPONDENT.

IN Germany, there are several oculists who have brought into use three or four different kinds of ophthalmoscopes, in studying the diagnosis and prognosis in diseases of the internal eye. I have examined most of them, and they are found to be subject to more or less complication. The ophthalmoscope has not been used long in Paris, but it is an instrument of immense utility, as an aid in the examination of the depth of the eye, and in the confirmation or refutation of one's diagnosis, founded upon direct and collateral symptoms, in such diseases as the following:—Cataract in its commencing stage, or any alteration of the capsule of the crystalline lens; glaucoma, amaurosis, or any particular changes which may be going on in the vitreous humor, as any sub-retinian effusion, whether sanguineous or otherwise, &c., &c.

Very recently, M. le Docteur Anogwastakis, a Greek, who has been sojourning a while at Paris, has so simplified the ophthalmoscopes that I deem it worthy to be noticed. With the complication of the German instruments, this means of exploration rested in the hands of a very small number of oculists, who when time and leisure presented could employ them, although not with that ease and facility which the new instrument offers, in daily practice. This instrument consists simply of a small concave mirror, whose diameter is about two inches, and whose focal distance is from four to five. The convex surface is coated like the common mirror, and covered by a thin plate of copper colored black, which extends sufficiently over the circular edge of the mirror to hold it in its position somewhat as the watch crystal is confined. The instrument is pierced by a small aperture in the center, about the size of a writing quill. This open-

ing is infundibuliform at the anterior base. A small handle from three to four inches long, as fancy dictates, is attached to the circumference of one side, to maintain it when held before the eye. One may have a very good idea of the form of the instrument, by supposing that an American dollar was concave, and placed in a very small circular frame, with a stem or handle projecting horizontally to its surface, with one side covered and coated with colored copper, and the two pierced in the center.

Having examined several patients with this instrument, I will give you the manner of its application. The patient, whose pupils have been dilated with belladonna—or what is better, as it acts in a few minutes, a *solution de sulphate neutre d'atropine*—is seated in a dark room by the side of a table upon which is placed a lamp with a glass chimney, and in which oil is used. The light must be on a level with the eye to be examined. He holds the instrument with the mirrored surface towards the patient, and the posterior surface is applied against his own eye, so that he may be able to look through the small aperture. This being done, the surgeon turns the instrument a little without, in such a manner that the flame of the lamp shall strike upon the bright surface of the mirror, which reflects it upon the pupil of the eye. This reflection, to be satisfactory, ought to be oblong, straight, and very brilliant, which can be obtained easily by approaching or withdrawing a little from the patient, as the case may demand. Thus the rays from the lamp can be thrown into the dilated pupil, thereby illuminating the chambers of the eye and its deeper structures, so that the operator, posted behind his little mirror, can send his own vision through its opening in search of the mote that is in his brother's eye.

In the examination of the retina, one is often obliged to place himself at a greater or less distance from the patient. Or he may approach the lamp to the mirror, in order to elongate the focus. If it is necessary to enlarge the perceived image, the instrument may be held in the right hand, and a small lens, convex upon one side and concave upon the other, held in the left, and made to pass back and forth near the eye, in the axis of the focus. The results that have been obtained by the application of this instrument upon the normal as well as upon the diseased eye, are extremely interesting. Many cases in which the diagnosis seemed doubtful, have been made sure; and discoveries of new phenomena going on in the visual organs when they are diseased. Often opacities of the lens and of the vitreous humor are readily perceived, after the astute eye of the specialist has entirely failed. Some very curious observations have been obtained in the study of *sub-retinian* effusions, especially those of a sanguine character.

But can a person, the first or second time he makes a trial of the ophthalmoscope, discover any or all these phenomena, if they exist? No, that will not be possible. But by operations upon the normal eye—then upon the abnormal, on every occasion that presents itself,

one may soon arrive at results satisfactory. From the portability of this little mirror, which can be easily put into the pocket, I would recommend it even to those who may chance to possess a German instrument. Any optician can very readily manufacture it.

I would say that this instrument will serve admirably to illuminate the meatus externus of the ear, in the examination of the tympanum, which may be conducted very much in the same manner as the examination of the eye.

From the London Lancet.

WOUNDS OF THE INTESTINES.

BY G. J. GUTHRIE, ESQ., F. R. S.

WHEN an incised wound in the intestine is not supposed to exceed a third of an inch in length, no interference should take place; for the nature and extent of the injury cannot always be ascertained without the committal of a greater mischief than the injury itself. When the wound in the external parts has been made by an instrument not larger than one third, or from that to one half an inch in width, no attempt to probe or meddle with the wound, for the purpose of examining the intestine, should be permitted. When the external wound has been made by a somewhat broader and longer instrument, it does not necessarily follow that the intestine should be wounded to an equal extent; unless it protrude, or the contents of the bowels be discharged through the wound, the surgeon will not be warranted in enlarging the wound, in the first instance, to see what mischief has been done. It may be argued that a wound four inches long has been proved to be oftentimes as little dangerous as a wound one inch in length; yet most people would prefer having the smaller wound, unless it could be believed that the intestine was injured to a considerable extent. Few surgeons even then would like to enlarge the wound, to ascertain the fact, unless some considerable bleeding, or a discharge of faecal matter, pointed out the necessity for such an operation.

If the first two or three hours have passed away, and the pain, and firm but not tympanitic swelling in the belly, as well as the discharge from the wound, indicate the commencement of effusion from the bowel or an extravasation of blood, an enlargement of the opening alone can save the life of the patient. The external wound should be enlarged, the effusion matter sponged up with a soft moist sponge, and the bowel or artery secured by suture. When a penetrating wound, which may have injured the intestine, has been closed by suture and does not do well, increasing symptoms of the inflammation of the abdominal cavity being accompanied by general tenderness of that part, with a decided swelling underneath the wound, indicating effusion beneath, the best chance for life will be given by re-opening the wound. It is a point in surgery, which a surgeon should contem-

plate in all its bearings. The proceeding is simple, little dangerous, and under such circumstances can do no harm.

When the wounded bowel protrudes, or the external opening is sufficiently large to enable the surgeon to see or feel the injury by the introduction of his finger, there should be no difficulty as to the mode of proceeding. A puncture or cut, which is filled up by the mucus coat, so as to be apparently impervious to air, does not demand a ligature.

An opening which does not appear to be so well filled up as to prevent air and fluids from passing through it, as such wound cannot usually be less than two lines in length, should be treated by suture. When the opening is small, a tenaculum may be pushed through both the cut edges, and a small silk ligature passed around, below the tenaculum, so as to include the opening in a circle, a mode of proceeding I have adopted with success in wounds of the internal jugular vein, without impairing its continuity; or the opening may be closed by one, two, or more continuous stitches, made with a very fine needle and silk thread, cut off in both methods close to the bowel, the removal of which from the immediate vicinity of the external wound is little to be apprehended under favorable circumstances. These threads or suture will be carried into the cavity of the bowel as has been already stated, if the person survive; and the external part of the wounded bowel will either adhere to the abdominal peritoneum, or to one or other of the neighboring parts.

When the intestines is more largely injured, in a longitudinal or transverse direction, or is completely divided as far as, or beyond the mesentery, the continuous suture is absolutely necessary.

When the abdomen is penetrated, and considerable bleeding takes place, it is necessary to look for the wounded vessel. When the hemorrhage comes from one of the mesenteric arteries, or from the epigastric, the wound is to be enlarged until the bleeding artery is exposed, when ligatures are to be placed on its divided ends, if they both bleed. I have seen the epigastric artery tied several times with success.

A Portuguese cacador on picquet was wounded at the second siege of Badajos, in a sally made by some French cavalry. He had three or four trifling cuts on the head and shoulders, and one across the lower part of the belly on the right side. He bled profusely, and when brought to me had lost a considerable quantity of blood, which came through a small wound made by the point of a sabre. This wound I enlarged until the wounded but undivided artery became visible; upon this two ligatures were placed, and the external wound was sewed up. The peritoneum was opened to a small extent, but the bowel did not protrude, and the patient (not being an Englishman, and not therefore so liable to inflammation) recovered after being sent to Elvas.

A soldier of the same regiment, cut down at the same time, died as he was brought into the camp, having been severely wounded in

the chest and the abdomen. He was said to have died from hemorrhage, from a wound in the belly, two inches in length, made by one of the long-pointed swords of the French dragoons. I had the curiosity to enlarge the wound, and found one of the small intestines had been cut half across, another part injured, and that the blood had come from an artery which had been opened by the point of the sword in going through the mesentery, which wound had caused his death.

The recollection of these and of other nearly similar cases, causes me to say that when hemorrhage takes place from within the abdomen the wound should be enlarged; and that if an artery in the mesentery, or in any other place which can be got at, should be found bleeding, a very fine silk ligature should be placed, if possible, on each side of its divided extremities, cut off close to the knot, the external wound being afterwards accurately closed. This is a point of practice to which future attention is directed.

When a musket-ball penetrates the cavity of the belly, it may pass across in any direction without injuring the intestines or solid viscera. It usually does injure one or the other, and it has been known to lodge without doing much mischief. The symptoms are generally indicated by the parts injured, although in all the general depression and anxiety are remarkable; the continuance marks the extent, if not the nature of the mischief.

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PERCUSSION OF THE PART

from the Monthly Journal of Med. Science

FULLY CONDENSED LUNG.

BY DR. W.

O. MARKHAM.

(Dr. Markham observes, that the fact that the percussion sound in two cases have convinced him of clearer than that of an healthy lung of a partially condensed lung is

In the one case, the left lung was found reduced by the pressure of pleuritic effusion to about one-fourth or fifth of its natural size; its lower lobe being completely consolidated, and its upper lobe being partially

In the other case, the partial consolidation was general throughout both lungs; it was caused by the effusion within them of the products of inflammation, excited by the rapid and extensive deposition of miliary tubercles. Now, when in these two cases the lungs, thus differently circumstanced as regards the nature of the disease affecting them, were removed from the bodies after death, placed side by side, and percussed, it was observed: That the partially condensed upper lobe of the pleuritic case, and every part of the lungs invaded by inflammation in the other—especially the posterior parts, where the consolidation was most advanced, and the lungs contained the least amount of air—yielded a remarkably clear percussion sound, which, in both cases, as far as the ear could judge, was exactly alike in its characters; the sound was that to which, for want of a better I have

affixed the term "hollow:" it is clear, high-pitched, empty, of a tympanitic character, and somewhat metallic; the vibrations of sound producing it appear superficially distributed, ceasing quickly, and not passing deeply. Perhaps it would be most convenient to designate the sound as "tympanitic," for I believe that this word is rarely in practice used to indicate merely a drum-like sound, as its origin would require; the term "hollow" is objectionable, and for an evident reason.

The left side of the thorax of the patient attacked by pleuritic effusion yielded, two days before her death, a completely dull percussion sound at every part; and the heart was found beating to the right of the sternum. To relieve the great difficulty of breathing induced by this copious and sudden effusion of serum, a very fine trocar was introduced into the pleural cavity, and about twenty ounces of fluid withdrawn therefrom, by the aid of an exhausting syringe. Great care was taken that no air entered into the pleura, and that none did I am satisfied, having assisted at the operation. Temporary relief was thus afforded the patient; and now, immediately after the operation, on percussion beneath the clavicle, we found, instead of the completely dull percussion sound observed previously, a remarkably loud, clear, tympanitic sound—so marked, indeed, as to lead an observer to suppose that air had found its way into the chest. That there was no necessity for our thus calling in the presence of air to give reason for the sound, we had the demonstrative proof after the patient's death, when the body was examined. No air escaped from the pleura, but on puncturing the left thorax a large amount of fluid gushed forth, and when a certain amount had escaped, the partially condensed lung floated forwards against the upper and anterior walls, and its percussion now both within, and when removed from the thorax, yielded a character of percussion sound, *exactly similar to that which it had offered during life*, after a portion of the pleuritic fluid had been withdrawn.

I did not observe, during life, the nature of percussion sound of the thorax in the case of partial consolidation, produced by tubercular inflammation, but it nevertheless well illustrates the fact I am alluding to.

The conclusions which I am justified in drawing from these cases are:—

1st, That Skoda's assertion, that a *partially* condensed lung yields a clearer and more tympanitic percussion sound than a healthy inflated lung, is correct.

2ndly, That Dr. Williams' mode of accounting for this "tracheal" sound, as he calls it, viz., by supposing that the upper part of the lung is compressed against the anterior walls of the thorax by the fluid behind, and thus being consolidated, transmits when percussed, the hollow sounds of the large tubes, is not correct, at least in all cases, for here was an instance in which *every part* of the *partially* consolidated upper lobe yielded equally well the tympanitic percus-

sion sound, and so also when divided to show the absence of all hollowness or large tubes.

3rdly, That the sound, so far from of necessity indicating the presence of air in the pleura, is a sign that the lung contains less than its normal amount of air.

One important practical deduction, if I am not mistaken, naturally flows from these facts, viz., that in certain cases of pneumonia, *if not in all*, when the consolidation of the lung has reached a particular stage, *but not yet that of hepatization*, the percussion sound over the affected portion, so far from being duller, is *actually clearer than natural*. The error of diagnosis into which a misinterpretation of this fact may lead the physician, is manifest enough; it may induce him at a critical period of the disease, viz., when the lung is on the eve of complete consolidation, to prognosticate a commencing return to its healthy condition.

Original Communications.

MEDICAL POLICY.

BY J. C. MACK, M. D.

At this period in the progress of Medical Reform we have many things to cheer and encourage us, yet our partial success should by no means cause us to rest from our labors. We have a vigilant and wary foe to contend with: for when men who have for years beheld the grand practical working of our system; when they have seen that their own philosophy, if weighed by the measure of good results, is an engine of misery and death rather than an angel of mercy and humanity; when, with such knowledge before them, they call themselves the liberals, claim that all improvements originate with them, and publicly denounce all other systems; when they sneer at our efforts; belie our practice and misrepresent our belief; and then flourish the all conquering argument of "*your Quacks*," we must infer that they have an appalling quantity of heartlessness in their composition, and the spirit of liberality is in them

"Beautifully small, and gradually less."

We have no doubt but that there are many in the Allopathic ranks who harbor liberal feelings, and foster a spirit of progression, and are willing to acknowledge the truth, even if it is promulgated by another. But we are compelled to say that the majority of the Old School physicians possess the narrow souls that we have given above; and to meet them and their devices, and to plant our standard permanently on the foreground, we must keep one point constantly in view, viz; Not to give up one inch of advantage ground, whether in small or great matters. There must be no parleying on the plains of Ono. It must be remembered that our mission originates and is carried on in a high and holy papse; that it is for humanity we labor. And we may be assured that the hardest struggle is yet to come. Illiberalism and bigotry are inherent in some persons; and we may

satisfy ourselves that the old class is past redemption, and incorrigibly set to die in their sins.

The Reform School of Medicine, for good and sufficient reasons, is opposed to *Exclusiveness* and prejudiced *Conservatism*, yet in itself contains the elements of a conservatism which has a regard for the rights of others, and seeks to protect its disciples from the sneer of the bigot, and also from him who would make gain of the labor of others.

Now it is a fact, singular but real, that Allopathic physicians buy largely of our medicines, particularly of our concentrated preparations. They learn their value by witnessing our success, and they acquire a knowledge of their use by slyly perusing our Books and Journals. And using these agents, they boast largely of their success, without making any acknowledgement in favor of the principal or the remedy by which their success was attained. It all passes for, and is impressed upon the mind of the patient and the community as evidences of the skill of Allopathy, and of the virtue of their beloved *Calomel*. And then they raise the cry that the Reform system of Medicine is no better than their own; that they are liberals as well as us, and that our notions of Reform are only imaginary schemes, having no real existence, and doomed to be counted among the things that were.

By these artifices the people are deceived, and Allopathy remains arrogantly seated, without once admitting that there is a single error in her composition.

It is by these deceptions that she shuts the door through which the people would enter and oust her from her position. Allopathy has sworn eternal war against every other Medical system, and we have reason to know they will not change this determination, even when they know that they are wrong. To sustain their crumbling cause they will not shrink from employing every means within their reach, no matter of how dishonorable a character they may be. They know that total annihilation awaits them, unless they can, by some stratagem, fuse their system into ours, and imperceptibly cover up the line of division. They know that it is the practical success of a class of physicians that will convince the people and win their favors. Seeing the great superiority that we have, they slyly attempt to practice Scientific plagiarism by slipping into our shoes, and out-Herod Herod by impudently claiming them as their own.

But while they boast of a better system, I think it is but fair for us to force them, as far as possible, to use their own tools to sustain it. And if they wish to come with us, let them come in by the door, instead of climbing up some other way. If they will stand out distinctly upon their own ground, and rely wholly upon their own resources, we have no fears for the prosperity of our cause. But if we allow them to gather under our wings, and clandestinely use our remedies, at the same time that they are poisoning us with the venom of their slanderous tongues, then far off will be the day when the purity of our principles will be acknowledged.

For us to be thus politic in protecting ourselves is not to be exclusive or intolerant. Nor does it shut up the door of progress, but is a justifiable course, and one that arises from the very nature of the case. We have human nature to deal with, and it becomes us to leave no door open by which the designing may enter and mar our work. Nor are we called upon, by any principle of benevolence or usage in society, to surrender our hard earnings into the hands of those who, in the full blaze of day, have sought to laugh us to scorn. It is only taking care of our earnings, by scrupulously preserving the distinctness and identity of our principles, and keeping them free from all foreign adulterations, that we will ever be able to triumph as a school, or permanently rebuke the usurping impudence of Allopathy.

Geneva, April, 1854.

PLEURITIS.

Nature.—An acute inflammation of the pleuræ, generally attacking but one side at a time. It very frequently extends to and involves the lung of the affected side, as inflammation of the lungs often involves the pleuræ. (In either complication one of the two diseases is greatly predominant over the other.) In the progress of pleurisy, coagulable lymph is exuded, either in the cavity of the pleural sac, between the pleuræ and the lungs, or on the intercostal surface. The obstruction of pleuritis is in general the result of improper exposure to cold and dampness, yet it occasionally exists as a metastasis of gout, erysipelas and rheumatism. Suppression of the catamenia is a fruitful excitant of acute pleurisy.

Symptoms.—The attack commences with short and marked rigors, which recur several times during the two or three days incipient to the developement of the acute symptoms. Very sharp superficial pain, commonly described as feeling like a sharp knife passed *suddenly under the ribs*; pain generally confined to a circumscribed limit, yet occasionally lancinating; sometimes it is found passing along the sternum, clavicle and scapula; pain greatly increased by coughing, sneezing and full inspiration, respiration short and jerking; small half-suppressed and nearly constant cough; sense of suffocation; fever with a small hard pulse.

There is but little expectoration during the first days, but afterward there is a glairy, transparent sputæ.

Diagnosis.—Pleuritis is not likely to be confounded with any disease but Pneumonia, and the diagnosis may be found in the last number in the “Notes on Acute Pneumonia.”

Prognosis.—The more the lungs are involved the greater the danger. Sinking of the pulse, and the supervention of a diarrhœa are almost fatal signs.

Treatment.—Give an immediate emetic of the Lobelia Tincture,

and repeat every third day if the tongue keeps furred. Small doses of the Tincture may be given in *Asclepias* infusion every half hour. Press it to the point of moderate nausea without vomiting.

Keep up the perspiration with a strong infusion of the *Asclepias*. Equal portions of the *Asclepias Tuberosa* and *Syriaca*, with a small portion of *Ipecac*, make a valuable Diaphoretic and Diuretic infusion.

Unload the bowels with enemata, and keep them free with gentle aperients. The *Leptandria* in infusion is a good laxative. Butternut and senna may be used. Carefully shun active catharsis.

Saline ablutions, with stimulating foot baths will be found valuable auxiliaries. A lotion of Tinct. *Lobelia* 4 oz., Oil Spearmint twenty drops, is of much service in allaying the acuteness of the pain. It is to be applied moderately over the affected side. An infusion of the Comfrey root or Irish moss may be used as a common drink.

It is generally considered that an attack of Pleurisy must last from three to six weeks. There is not the least necessity for this, and if the above course of treatment is well attended to, four or five days will generally be found sufficient for the annihilation of the active stage. The few days of convalescence may be treated with soothing demulcents, as White pine, Tamarac, Spikenard, &c.

SUMMER COMPLAINTS OF CHILDREN.

BY LYDIA J. PIERSON.

As the summer, with its peculiar complaints, is now approaching, may a woman be permitted to offer a few suggestions which have been forced upon her by experience and observation.

I am vain enough to imagine that many of the children who die of summer complaints, in our cities, might be saved, by proper treatment. Some children are constitutionally lax in their digestive organs. Mothers should observe the habits of their little ones, and if they are habitually loose, or subject to attacks of diarrhœa, they should notice the effects that various articles of food and drink have upon them. Some persons, if they drink coffee, do not digest their food at all. I have known mothers forced to abstain from coffee while nursing certain children, though at all other times they drank it with impunity. Some children cannot bear salt fish; and with some, fish, whether fresh or salt, acts as a cathartic. Others are thus affected by fresh meat, particularly by chicken. Certain vegetables disturb certain constitutions, and some fruits, which are healthy to the majority, are highly injurious to the few. All this every mother should learn by attentive observation, and regulate the diet of her children accordingly. Much suffering, painful attendance, anxiety and mourning might thus be obviated.

Some parents restrict their children almost to bread and water, but this is not only cruel, but injurious to health. Growing children require nutritious food. Confine a laboring man to a ration of bread and a cup of milk and water, and how long will he be able to work?

Now a child exerts itself as much, according to its strength, as the laborer, and its nature requires sustenance for the constant increase of bone and muscle with all the tissues, and how is this constant increase to be supplied, and the steady waste repaired, by a system of diet approaching to starvation? Let children have plenty of good, nourishing food, only observe strictly whether any particular article produces an injurious effect generally, and if so, keep it from the child. Let parents be assured that the child which does not receive nourishment enough to sustain a healthy growth, will be liable to disease, and likely to fall a victim when a strong well sustained constitution would triumph.

But I was intending to speak of the pathology of bowel complaints, and the usual mode of treatment. In cases where the disturbance is evidently caused by some offending matter, taken into the stomach, cathartic medicine is not so much amiss, though nature is evidently ridding herself of the burthen in the most expeditious manner. But when it is the effect of weakness of the tissues of the digestive system, surely tonic medicines and nutritious diet are needed. But in my opinion the most obstinate and dangerous forms of these complaints originate in no disease or wrong action of the stomach or bowels. In many cases the sufferer complains of *pain in the back* and weakness of the lower limbs, with cramping pains in the hips and thighs, a day or two before the appearance of the diarrhœa. Now it appears, on a strict inquiry, that the perspiration is greatly impeded, and that there is derangement of the urinary system. In general the urine is scanty, high colored, strong scented and voided with burning pain. Sometimes the quantity is not diminished, but is pale, thin and acrid. In the first instance is it not apparent that the ducts by which nature discharges the watery humors, those of perspiration and urine being closed by some diseased action, she resorts to her next available means of getting rid of them, and pours them into the intestines, where they cause irritation and excoriation. In the second case the action of the urinary organs is imperfect, and matter which should pass off by them is thrown into the bowels, producing similar effects.

In cases like these, is that medicine a proper one which merely acts upon the bowels as a cathartic? Should not the first cause of the disease be first attacked? I have known a balsamic plaster, applied over the region of the kidneys, give relief in severe and protracted dysentery, after numerous internal remedies had proved unavailing. External remedies and palliations are, generally, too much neglected. Some forms of disease may be more speedily and certainly reached by application to the surface than by internal means, especially when there is inflammation or great irritation of the stomach. I cannot believe in the *universal Physic*, any more than I can in the *Lancet*. As a people, we are *physiced* to death. A little disturbance which would often pass off in a few hours, if nature were left to do her own work, is increased to a violent and protracted illness by emetics, cathartics, &c.

Adrian, Mich. May 1854.

CASE OF TYPHOID FEVER.

BY DR. V. MILLAR.

ON the 27th day of February I was called to see the child of J. D—, a girl of slim frame, æ. eight years. The parents are very poor, and live in a small room in which they do all the work, and upon the floor of which the family and three boarders sleep every night. The one bed was occupied by the child. It stood in a recess hung with thick curtains, and the little patient was covered with several heavy quilts. The air of the room was almost suffocating.

The parents told me that the child had been sick more than a week, that a Homœopathic physician had been in attendance, but as his treatment did not cause any abatement of the symptoms, they wished to try a different practice.

The patient's pulse ranged from 110 to 120 strokes per minute, and was very small and feeble; temperature of the skin not much above natural, but it was very dry and flabbid; tongue covered with a brown coat, which was so dry that it had cracked in various places, looking like a surface of brown fish-scales; the edges of the tongue were red and moist, and dotted with numerous papillary points; the urine was scanty and of a red color; the bowels had been very costive for several weeks, and no fæces had been passed for two days; the mind was at times wandering; the child was mostly inclined to wakefulness.

Treatment.—I first directed the mother to give the child a tepid ablution, putting some salcratus in the water. A similar ablution to be given three times each day.

An infusion of the following articles was given freely as a mild diuretic and diaphoretic.

Asclepias Tuberosa, (White Root)	3 oz.
Arctium Lappa Sem. (Burdock Seed)	1 oz.
Water,	1 quart.

In addition to these an infusion of Lobelia herb eight parts, Ginger one part, was injected into the bowels every hour, three ounces at a time, or rather regulate the quantity so as to produce nausea without vomiting. The clothing on the bed was lightened, and the door and window were so arranged as to have a draught of fresh air pass over one side of the room, without coming in contact with the patient.

March 2. To day there were a few brown spots on the extreme posterior portion of the tongue, all the rest being covered with a thin, white, moist coat, through which could be seen the tongue, of its natural color; the urine was more free, paler, and containing a red sediment; pulse ninety, full and strong: no delirium; skin a little moist; some appetite. The treatment to be continued as before.

March 3. Yesterday the child had four dark colored and foetid stools, being the first evacuations she had had for five days. The

quantity of the discharges alarmed the mother, and she had omitted the injections since ten o'clock yesterday morning. To day the tongue is covered with a dry, brown fur; pulse 140, and scarcely perceptible; patient quite comatose, mutters and talks at random in her sleep. An infusion of

Asclepias Tuberosa	2 oz.
Serpentaria	1-2 oz.
Water	1 quart.

was directed to be given in table spoonfull doses every hour. The injections of Lobelia infusion to be continued, omitting the Ginger.

March 4. Tongue perfectly clean, though not quite as moist as is natural, pulse 95, full and quite strong; skin moist and cool; craving appetite; no evacuations of the bowels yesterday. The same treatment continued.

March 5. Had three dark green stools yesterday afternoon since when the mother has omitted the injections. Tongue again dark and dry; pulse 130, *very* small and feeble; whole system greatly prostrated. Ordered a weak tea of the composition powder; injections of Lobelia as before, but the infusion to be made weaker; Elderberry wine in cold water to be used as a common drink.

March 6. Tongue clean; pulse eighty and full; one action of the bowels last night; good appetite; system feeble. The treatment continued, omitting the saline ablutions, which have been used from the first.

March 9. Discharged well.

New York, March, 1854.

CUTANEOUS DISEASES.

BY PROF. I. M. COMINGS, M. D.

THESE affections which are commonly called *cutaneous*, we shall divide into four classes. First, those that are only confined to the cuticle or papular. Second, the *exanthematous*. Third the *vesicular*, and Fourth, the *pustular*.

In those termed cutaneous it is very important to remember that although these are called affections of the *surface*, of the body, yet many of them may really be of a much deeper nature, that is, may frequently be connected with, or dependant upon, a general diseased state of the system. Frequently the mucous membranes are affected as much as the skin. In our remarks therefore on the various forms of disease which are called cutaneous, we shall pursue the course above indicated, viz., describe the simple inflammation not larger than the point of a pin as *papulae*. Then we will describe a more extensive inflammation, the *exanthema*, then those that produce a little collection of matter, the *vesiculae*, then those of a larger character as *bullae*, then where *pus* is secreted as the *pustulae*, then where

pus is secreted in larger quantities as *farunculi*, and when the inflammation proceeds to *gangrene*, the scaly diseases, and lastly those seated more deeply as in the *tubercula*.

CLASS I. PAPULÆ.

When inflammation of the skin appears in minute spots, these are called papula, the English of which is *pimple*. This term is commonly used to signify any little elevation or inflammation of the skin, whether there is any contents in them or not. The duration of the papulæ is uncertain, but they terminate for the most part in scurf. If such a slight inflammation be attended by *watery* contents, it is called a *vesicle*, but if the contents be pus, we call it a pustule, so that with respect to the most minute inflammation of the skin, we have a *papula*, a *vesicle* or a *pustule*.

When these papulæ occur, there is experienced an uneasiness, which may be called pain, but it is a pain of an itching character. The cuticle is generally separated in such minute portions, that only a fine 'dust or scurf' comes off, which will take place not only with evident inflammation, but sometimes, with so slight a degree, that we can hardly call it any more than *irritation*. A new cuticle is formed underneath the exfoliation, and there is no rawness produced. There is no moisture at all; the parts being perfectly dry. If we scratch the part much, we may convert the papulæ into vesicles as water forms in the skin; again if we produce still more inflammation and cause it to produce pus, we then have the pustule, and if we carry the irritation still further we may have the *farunculus* or boils. There are three varieties of papulæ which we will now describe, viz., *Strophulus*, *Lichen*, and *Prurigo*. The first two, are pretty much the same disease, only the former is confined to infants and the second to adults.

STROPHULUS, RED GUM.

This is a disease of little importance. The least irritation will cause it, whether in the gums, abdomen, or other parts of the system, and with very little attention it goes away.

If the papulæ be of a vivid red color, but intermixed with red dots or specks, it is then called *intestinticus*. If the papulae consist of whitish specks, it is called *strophulus albidus*, or *white gum*. If they be all united together it is called *strophulus confertus*, or by the people *rank red gum*, or *tooth rash*. This form will occur in children from seven to eight months old. The patches may be hard, and they usually exfoliate in a fortnight. In this severe form, it sometimes begins in the legs, and spreads upwards to the loins and navel, with a general redness, the cuticle in some instances cracks into large pieces, and this will occur two or three times in as many months. Some children will be troubled with it till they have cut all their first teeth.

The most prominent cause is supposed to be the irritation of teething, and exposure to cold and dampness.

Treatment.—As there is general acidity of the stomach present, this may be corrected by an alkaline preparation. there is no better compound than the neutralizing mixture. In severe cases it will be found necessary to administer the warm bath, and that, too, quite frequently. After the operation of the bath, an emetic should be given and this followed by some astringent wash if the external surface is affected, and gargles of the same if the mouth and throat are implicated. Particular care should be taken that the child is not exposed to the cold, for it is somewhat dangerous to put a *sudden* stop to the eruption, by allowing the patient to catch cold. If this takes place, more energetic means should be used to equalize the circulation and get up a determination to the surface, such as our antispasmodic, &c. But this form of disease is rarely so severe as to require much treatment.

LICHEN.

This disease usually occurs on the extremities. The size of the papulæ is that of the head of a small pin; and they generally terminate in scurf. This disease is sometimes acute; sometimes recurrent; sometimes chronic; again general and then partial and sometimes connected with internal disease. It is divided by authors into Lichen *simplex*. Lichen *pilaris*, that which occurs about the roots of the hairs. Lichen *circumscriptus*, a form in which the papulæ are clustered together. Lichen *agrius*, this is the most severe form, Lichen *lividus*, Lichen *tropicus*, Lichen *urticatus*.

The simple form of this complaint lasts generally from ten to twenty days. Sometimes it is preceded by nausea, vomiting, and pain of the head, and sometimes these symptoms will disappear as soon as it comes, while at others, they will continue with it. It is said, when it occurs about the hairs, that it is often chronic. When it occurs in the severe form called lichen *agrius*, there is a great degree of itching and a great degree of heat; and the inflammation is so violent that we sometimes have vesicles and excoriations.

There is one kind of this affection, called lichen *tropicus* or prickly heat, which causes a great inconvenience to most persons in a warm climate. When a person is subject to this variety of the affection, the moment he goes to bed or takes exercise, he has a most violent prickling of the skin. It is not easily repelled, and its sudden cessation is generally the *effect*, not the *cause*, of an internal affection. Sometimes the papulæ, in this disease, are attended with little bumps, like the bites of knats or bugs; and then it is called lichen *urticus*. It affects the head and face, particularly in spring and summer, and is attended by a stinging pain.

Treatment.—In all these forms of disease, the treatment is to be the same as in the strophulus of children. In severe cases the Lobelia Emetic will be indicated. For external application, the pepper-sauce will be found often to be good. Salt and water, or Lime-water, or perhaps pure cold water, will be superior to all other remedies.

A mild laxative may be indicated, and a wash of a strong infusion of bayberry and blood-root, in some cases.

The course to be pursued in all forms of exanthematous disease, is pretty much the same, viz., a gentle and natural termination to the surface must be encouraged by stimulants, the surface often sponged, and a mild action on the kidneys kept up, with moderate catharsis.

A CASE.

BY DR. J. QUIGLY.

IN the month of December, 1852 I was called to see Thaddeus S——, who had, for the nine weeks previous, been troubled with inflammation of the right ear. It would suppurate between the tympanum and cochlearis, and nine times in as many weeks it had broken and discharged pus. I saw him after the bursting of one of these weekly abscesses. He was so weak that he could not raise his head without fainting, had been freely bled, blistered, purged and starved “to reduce the inflammation.”

Seeking to find the cause that led to the development of this inflammation, I ascertained that it was first noticed at the close of a day on which he had been working with one of our threshing machines. His post was to shovel away the chaff, and in throwing it upward on a heap, some of it would fall back upon the right side of his face. From these data I concluded that some of the dirt of the chaff had lodged in the aditorius externus, and thence proved an excitant to the blood vessels of the part to relieve themselves.

As ease could only be obtained by removal of the cause, I prepared a linen probang upon the end of a small whale-bone. Dipping this in sweet oil I proceeded to carefully explore the meatus until the probang reached the tympanum. I was a full hour in mopping the passage with this probang, occasionally washing it out with tepid water injected with a small glass syringe. During this operation I took out eleven barley beads, about half an inch long; five husks of the grain, and a considerable quantity of sand and dust.

I then substituted wine bitters for jalap, and chicken fricazee for oat gruel, under which treatment the patient recovered his health in four days, and was at work again in a week, nor has his ear been any trouble to him since that time.

This case is reported simply to show the difference between the treatment of the old and new schools of medicine. The one regarded the inflammation as a disease, in which the affected part contained too much vitality, and depletory measures were actively pushed, in the vain hope of overcoming the disease. The other viewing all inflammations and fevers as symptoms of Physiological efforts to remove obstructions, sought for the obstruction which gave rise to the inflammatory symptoms in this particular case. Having found the obstruction, the best means of removing it were at once applied, and

that successfully. The remedies used in the opposite system did more harm than the difficulty itself, and when the barley-beards were removed, the man only wanted to be let alone and have something to eat, when he recovered in a very few days.

Bolivartown, May, 1854.

ARCTIUM LAPPA SEMINA.

THE root of our common Burdock has long been valued for its decided deobstruent properties, and enjoys a well deserved reputation as an alterative. The seeds of the plant, however, have received but little attention from the profession, though they possess therapeutical properties that should place them among the most valuable articles of the *Materia Medica*. In my intercourse with brother practitioners I find but very few who are experimentally acquainted with the use of these seeds, and still fewer are those who will give them the credit for the merits that belong to them. Having used them very extensively in my own practice, I have learned to place much reliance upon them, and propose to give the readers of the *Journal* a brief account of their effects and uses.

The seeds of the *Arctium Lappa* possess very decided Diuretic and diaphoretic properties. They increase the flow of urine, and cause the active elimination of the Phosphates and of uric acid. In consequence of the stimulated secretion of these materials, the use of these seeds gives great relief to the nervous system, by removing the effete load that weighs upon it. Nervous excitation and morbid activity speedily disappear after a few doses of the infusion of the seed. They calm and quiet all agitation that arises as a sequence of the retention of the above constituents of urine.

The diaphoretic influence of the seeds is very mild, scarcely sufficient to cause sensible perspiration unless used in very considerable quantities, and pushed actively for a length of time, yet they do most certainly raise the action of the cutaneous secernants, and though this action is mild, it is long continued and efficient.

The beneficial effects of the seed can be turned to advantage in a great variety of cases. In various cutaneous eruptions, they will give great relief. There is scarcely an exanthematous difficulty that will not be materially bettered by their use, and I have seen many long standing cases of *Tinea Capitis* and *Psoriasis*, in children, that have gradually yielded to an infusion of the *Arct. Lap. Sem.*, after all other deobstruents and alteratives had signally failed.

As a diuretic in Small Pox these seeds have no equal. A long experience in this disease, and an acquaintance with a large variety of Diuretics, lead me to give the Burdock seeds the palm over all others in variola.

My experience also leads me to place a great deal of reliance upon them in cases of Typhus fever, and Typhoid pneumonia. In such cases an equal portion of these seeds and the root of the Queen of the

Meadow, will give a diuretic action of the precise kind that is needed, and the use of this combination will be attended with most satisfactory results,

In scalding of urine, in irritation of the bladder and in Measels, I have used them to decided advantage. They are also deserving of a place in almost every general alterative combination.

Whether employed singly or in company with other medicines, they are best given by infusion, or syrup. An ounce of the seeds to a pint of hot water may be used freely as a drink, and is a good proportion, and way to administer them.

J B.

Editorial.

HYDROPHOBIA.

Of the many sad scenes with which the practitioner of Medicine is familiar, none are so replete with horror as cases of Hydrophobia, or canine madness. The contortions of the muscles, the ghastly features, the convulsive efforts at deglutition, the raving incoherencies, and the agonised writhings of the spirit-torn body, conspire to make this the most frightful and heart rending of all death bed trials. And the keen anguish of friends is greatly intensified by witnessing the deep wounds which the patients frequently inflict upon themselves, and by remembering the personal danger of too close contact with the stricken sufferer. The most gloomy impressions are ever connected with the mention of this disease, and if mankind were necessitated to make a choice in the mode of death, there is no one but would cry aloud to be saved from the horrors of Hydrophobia.

The great number of persons who have fallen victims to canine madness within the last few months, has made this a sadly conspicuous topic among medical Journals. Full forty three deaths have been recorded to this disease since the opening of the present year, and scarcely a week passes by without marking still another case. Instead of being on the decrease it is rather on the increase, despite the active endeavors to exterminate the unfortunate race of animals from whom it originated. It is difficult to conjecture what part this malady will play in the page of death during the months of the approaching summer.

On the part of the Medical Profession, Hydrophobia is looked upon with as much dread as it is by the people at large. For the almost constant fatality which follows an infliction of the poisoned wound, and the very unsatisfactory results that have ever attended medical treatment, have nearly convinced them that all attempts at restoration will prove abortive, and to be bitten by a mad dog is almost synonymous with being dead. So far as we now recollect, there is not a case on record in which that portion of the Medical

Profession which is called "regular," has succeeded in giving the least permanent relief in Hydrophobia. It is true that many cases have been published as cured, but these were cases which were treated by the knife or cautery immediately after the infliction of the wound; or else they were cases in which it was *suspected* that the canine virus was present, without any positive symptoms of the poisoning having manifested themselves. In no well defined case, a case in which the unmistakable symptoms of canine madness were fully and actively developed, has the profession ever succeeded in cutting short the progress of the disease, or in ultimately restoring the patient to safety. A very large and diverse variety of remedies have been employed, and the most earnest and praiseworthy efforts have been made to master this fierce enemy of life. But it has all been in vain; and the incurability of Hydrophobia has almost become a popular axiom.

With such painful conclusions occupying the minds of the people, and with such sad deficiency existing on the part of the profession, we feel called upon by a common humanity, to publish a new mode of treating this disease; a mode that has never been tried by the accredited authorities in medicine, but one which, in the hands of others, has *frequent* and *invariable* success to recommend it. It has been employed by those who are acquainted with its value, in more than one hundred well marked cases within the past sixty years, and in no case has it failed to effect a permanent cure. Even when the madness has advanced to the last hours, and the patient was suffering under those symptoms that are said to mark the proximity of death, the active use of the means we are about to recommend has speedily restored the patient to safety and convalescence. Nor do we now, for the first time, publish this treatment, as a novel *experiment*, but as a demonstrated reality, one that has always proved effectual, and hence is likely to prove effectual again.

Upon the approach of the symptoms of Hydrophobia, the patient is to receive a thorough and fully relaxing vapor bath. An hour after this a very free emetic of the Lobelia is to be administered. The vomiting should be very thorough, and the fullest relaxant effect of the Inflata should be unhesitatingly produced. At the same time a free and constant perspiration should be kept up by large draughts of a warm infusion of the following compound.

Bayberry bark,	2 oz.
Hemlock bark,	1 "
White root,	2 "
Cayenne pepper	1-4 "
American valerian,	2 "

The vapor bath and the emetic should be repeated every day until all symptoms of danger have disappeared. If the case is an urgent one, two baths and two emetics may be given every twenty-four hours.

We are well aware that this mode of treatment will be bitterly stigmatized by a very large number of both professional and non-professional people. It will be called quackery, empiricism, irregular; and many will seek to cast odium upon it by applying the terms "steam doctoring," "Thomsonism," and similar cant phrases of attempted ridicule. For ourselves we know of no quackery, no empiricism but that medical practice which *always* fails of producing the desired result, yet continues to be recommended, lauded and employed. No medication is legitimate but that which nature stamps with legality, and the statistics of success, not the dictum of envious men, is the scale which is to adjust the merits of all applications of the science of physic. As to the opprobrious surnames by which many persons would fain mark our practice, it seems to afford them pleasure to use them, and we are glad to afford them an opportunity for being happy. Humanity applauds that Medical practice which is most effectual in relieving physical misery, and a pain stricken sufferer soon learns to appreciate the truth as to what does and what does not soothe his anguish. We have given an outline of a treatment which a wide experience has proven to be an antidote to Hydrophobia, and its success stands in such glaring contrast with all previously adopted measures, that a discriminating public cannot fail to give it their approbation.

NEW YORK STATE SOCIETY

The annual meeting of the New York State Reformed Medical Society will be held in the Hall of Metropolitan Medical College, 68 East Broadway, New York, on the second Tuesday of this month (June.) Profs. Bankston and Kost will be present to address the meeting, and papers will be read before the society by Profs. Comings, Cook, and several other medical gentlemen of the neighboring states.

We cannot but congratulate the numerous members of this, the oldest Medical Reform Society of the Union, upon the prospects of the approaching state meeting. The anniversary of '54 will mark an era in our progress, for it will be eminently a meeting full of scientific interest. We hope that every member will consider it his duty (and it certainly will be his profit) to be present, for he will return to the field of his labors full of new zeal in the noble cause of humanity.

During the past six years there has been a sad lack of interest in the annual meetings of our State Society. All that enthusiasm and fire which formerly filled our conventions, seem to have died out, and an indifferent coldness has prevailed. We have of late manifested too little zeal, too little spirit, too little of that invincible determination which is necessary to give respectability and prosperity to any Reformatory undertaking. And unless we at once arouse from this lethargy, and come up with an avalanche force,

mighty and invulnerable in the armour of Truth, we will give the world but little proof that we are worthy of their confidence and encouragement.


Yet much of the apathy that has recently characterised our conventions can be readily and satisfactorily accounted for. The want of speakers, the failure of reports on the part of the committees, and particularly the machinations of a few office hunting charlatans, have bred dissensions among us and iced all our glowing sympathies for the cause of progressive medicine. Yet amidst all strifes, disseverances and mutations, we feel confident that none of us have forgotten the heroic struggles of the past, nor lost sight of the beacon star that formerly cheered us in our onward march. We feel confident that there is not a member of the Reformed Medical Society of this State but takes pleasure in recalling to his mind the stirring days they were used to pass in convention with their brethern. And we firmly believe that the recent signs of indifference in our meetings has not arisen from any real loss of interest in our cause. The truths that once inspired us remain unchanged; the glaring errors of hoary pedantry that first stimulated us to raise the hand for their annihilation, still live in hideous deformity; and we have an inward faith that the same throbs of heroism that formerly fired our souls, still beat with their wonted ardor.

The future that now opens before us is one full of significance, and glowing with the beams of the prosperity that awaits us. Allopathy is hurrying to her grave, it only remains for us to sound the death knell. Already has the first blow been struck, and the new zeal which is beginning to blaze forth will put a speedy end to the ceremonies. In the East, in the South and in the far West, the young giant of medical progress is awakening. The torch is again lighted, the war-drum again sounded, and now it is for this State to take up the battle cry. A new altar will be erected here this month, and the mighty convocation that will then be assembled will build a fire that will never die out until the grim lineaments of Allopathy have been buried in the dust.

By order

L. D. Stone, M. D., President.

H. M. Sweet, M. D., Secretary.

 We would call the special attention of the reader to Prof. Comings' article on Cutaneous Diseases, which will be found among the communications. This is the first of a series of articles that our colleague is preparing for the Journal, on this class of disease, and which will occupy a portion of each of the remaining numbers of this volume. These articles will be found rich with interest, and when completed will be valuable pages of reference to the Medical Reformer.

GENTLEMEN, WILL YOU PAY UP?

WHEN an Editor publishes a "dun" to his subscribers, very few of them will stop to read it. All the rest of the matter will be perused, but debtors seldom take any interest in what the Editor may say on money matters. Perhaps that will be the case with the readers of this Journal, yet we have something to say about their subscriptions, whether they will listen to us or not, and the only way they can escape being worried with duns is to pay up.

Seven individuals have commenced and sustain this Journal, at a yearly expense approaching well nigh to a thousand dollars. As every month rolls round each one of them has to put his hand in his pocket and pay his share of the monthly stipend, perhaps never to reap any return. Our own Editorial labors are given gratuitously, and besides this we pay our share in the expenses of publication. All this outlay is made for *your* benefit, to supply *you* with interesting reading, and to advance the cause of Medical Reform. You are benefitted and not us, for with us it is a constant outlay, and you never pay anything. More than half of those who receive this Journal have paid us nothing, yet our paper comes to them quite regularly, and it is quite likely that they read it. We ask each one if this is right. Is it not proper that you should pay for what you get, or else send it back and say you do not want it? Of a surety every one of you must say, Yes. Then gentlemen, please pay up, and *pay up now*.

When this Journal was first issued, you had an excuse for not paying us in advance, for the failures of old Journals made it a question as to whether or not this one would live. We have now arrived at our sixth number, the five last have been sent you promptly and in good season. Is not this a sufficient guarantee that we will be equally regular in the future? If you are not yet satisfied, we will again assure you that a fund is pledged for the conduction of this Journal for one year. It will be published regularly until the first of next January, even if the publishers do not receive a solitary dollar in return. The only point now to settle is, who is willing to sustain us in our sacrifices. It is but a dollar to each one of you, it is more than a hundred dollars to each one of us. Is it a credit to the cause of Reform to say that its disciples will take a Journal but will not pay for it? We have but one more question to ask :—Gentlemen who are in arrears, will you pay up?

The annual term of lectures in Metropolitan Medical College will be closed at the College Hall on Tuesday the 13th inst. The exercises will be of a most interesting character. Prof. Loomis will deliver a valedictory address in the evening. The trustees of the College extend a cordial and hearty invitation to all Medical Reformers to be present on the occasion.

SOUTHERN BOTANICO-MEDICAL COLLEGE.

WE are sorry to learn by letters from Georgia, that the pleasant edifice of the S. B. M. College, Macon, has been burned. Our sorrow on this occasion is however much mitigated by the assurance from the President, that the amount insured on the building will enable the Board to rebuild it again by the time the session commences in the fall.

The citizens of Macon have subscribed very liberally since the fire, so that our Southern friends will not only *finish* but *furnish* the building with greater facilities than it had before. The massive walls of the College are still firm, so that the expense of building will not be so great as at first.

We hope our friends in all parts of the U.*S., will be disposed to assist in filling up the halls of the new College with specimens of every thing that pertains to the illustration of medical science.

I. M. C.

 THE CONNECTICUT SOCIETY.

THE meeting of the State Botanico-Medical Society of Connecticut, which was held at New-Haven on the 9th ultimo, was one of the most spirited conventions that we ever had the pleasure of attending. The numbers were comparatively few, but the zeal that filled every member present gave an unusual interest to all the proceedings. The Connecticut Reformers are of the pure stamp, and are richly deserving the surname of "true spirits." They raised more than one hundred dollars for the purchase of apparatus for the Metropolitan College, and those who had not come prepared to give then, promised to give largely when they returned home. The Journal of Medical Reform was also substantially assisted; and in many other ways did this noble, whole-souled band evince their deep interest in the welfare of Progressive Medicine. The tone which marked the convention, together with a visit to Yale and the beautiful city of New-Haven, afforded us more pleasure than we ever before enjoyed within the compass of forty eight hours.

 MEDICAL REFORM IN ENGLAND.

In a letter recently received from our friend, Dr. Simons, of Birmingham, England, we find the following account of the feeling of the mother country on the subject of a Reformation in Medicine.

"The cause of Medical Botany is fast spreading in this country, meeting with great opposition from the faculty, but taken up and encouraged by thousands of the people. The faculty introduced a new Medical Bill into Parliament, with a view of crushing the cause of Medical Botany, but this will only bring it more before the people, for thousands of them signed peti-

tions which were sent to Parliament in opposition to the bill of the Faculty, in whose practice they have no faith. A deputation of the Botanic League waited upon Lord Palmerston the other day, and found him quite favorable to the cause, which will prosper in spite of all opposition. I have practiced this system nearly eight years, and with great success, bating the license to kill in cases that have baffled the most skillful of the Faculty."

PRIZE FOR AN ESSAY.

We notice, in a recent number of the Worcester Journal of Medicine, that a prize of twenty-five dollars is offered "for the best essay on the fundamental and distinctive principles of the Eclectic Practice." Having been trained in the traces of Eclecticism, fully believing in the principles of liberty, we have long and anxiously sought for some concise elucidation of the peculiar pathology which distinguishes this school of medicine. We had nearly concluded that our searches would be in vain, for all that we ever saw written on this subject was simple denunciations of certain agents of the materia medica, and that, of course, had no connection with Pathology or Physiological Therapeutics. Happily the convention at Baltimore in 1852 struck at this question of "fundamental principles," and adopted a platform, which, in our conception is the embodiment of all that distinguishes the Medical Reformer from the veritable Allopath. This is a platform upon which every man, who is truly and really a Reformer, can stand without stumbling, and if the present prize will succeed in calling forth an essay that does not embody either the principles adopted by the Baltimore convention, or else a pathology that is not purely Allopathic, we will ourselves agree to pay 12 of the 25 dollars.

ARTIFICIAL PEARLS.—An oyster or rather a water muscle, in which the artificial pearls are formed by the Chinese, has recently been sent to England. These pearls are only obtained near Ning-po, and until lately very little was known of the manner in which they were found. The *Hermes* steamer, however, on a late visit to that place, was able to obtain several live ones, in which, on being opened, several pearls, as many as 18 or 20, were found in the course of formation. The one sent contains simple pearls adhering to the shell. It appears they are formed by introducing some pieces of wood or baked earth into the animal while alive, which, irritating it, causes it to cover the extraneous substance with a pearly deposit. Little figures made of metal are frequently introduced, and, when covered with the deposit, are valued by the Chinese as charms. These figures generally represent Buddha in a sitting posture, in which that image is most frequently portrayed. Several of the specimens have, it is said, been preserved alive in spirits, and

others slightly opened, so as to show the pearls. The Society has reason to believe that it will shortly receive a more detailed statement, accompanied with specimens, in reference to this interesting fact.

CATHARTIC COMPOUND.—Dr. M. Robinson, of Newark, N. J., has given us the following formula for a cathartic.

Alexandria Senna,	3 ounces.
Jalap,	1 ounce.
Colombo,	1 1-2 ounces.
Fennel seeds,	1-4 ounce.

This can be used in powder, by infusion, or tinctured in a sufficient quantity of New England Rum. The tincture is the way in which Dr. Robinson most generally administers it, and he considers this the best form, as it is more prompt in its action, and secures a valuable diuretic effect in consequence of the liquor taking up the diuretic properties of the Jalap. The combination of Colombo gives a tonic property, which is an important desideratum in many cases where catharsis is indicated.

CORRESPONDENCE.

Our friend, Dr. Early, writing as under date of April 12th, gives us many cheering words, besides detailing some of the doings of his Allopathic neighbors. Among the other good things in his letter we find the following :

"I now have on hand a case of Consumption that had been surrendered to the jaws of death by three of our wise ones, who counted her in the very last stage of Phthisis, and "nearly gone." When I first saw her she was unable to turn in bed, and had had a nearly constant Diarrhoea for four months, and was so weak that much of the time the discharges were involuntary. I have succeeded in completely checking the Diarrhoea, and the patient now leaves her bed, and is about the house most of the time. A few days ago she walked to the gate and back,—without it doing her the least harm.

"I have had a number of cases of Typhoid Pneumonia this season, and lost none. I lost one case of hemiplegia in a child six years old. Dr. M—, a prominent Allopath here, lately said that four cases of fever out of every five would recover without a physician, and about so many died at any rate, whether they had a Doctor or not. Hence we may conclude that there is no difference between medication and no medication, only, as he said, the Doctor may give the patient something to keep the patient easy—Morphia, &c., of course !!!"

"Veritas."—The publication of your article might cause some unpleasant feelings, and we would be sorry to excite any more personal difficulties when so many already exist and drag down our cause. Yet your joke is a good one, and is the occasion of much merriment.

"A. G. C.—Zenas, Ind."—We found but twenty-five cents inclosed. All monies of less than a dollar are best remitted in the form of three cent postage stamps. Any odd sum can be sent us in this way without increasing postage. The whole twelve numbers of the "*American Journal of Medical Reform*" were published, and we will send you the remaining four numbers.

"H. A. A."—It is too sadly true that those friends of Medical Reform who cry loudest for Journal and Colleges, are most backward in giving a dollar to pay the expenses. It is a sorry fact that every Journal of the Reformed school that has been published in this state, has been a loss to its conductors. Unless those who receive this Journal are more prompt in paying us than they were in paying other Journals, we will sink \$200 this year, making no count of twelve months Editorial labor. But the cause must advance, and we seven are willing to make this sacrifice for its advancement. We agree with you when you say, "I look sadly on that man who is so penurious as not to be willing to make sacrifices, and contribute of his substance to promote and sustain a cause which has given him an elevated position in society, and perhaps been the means of placing himself and family beyond the reach of pecuniary want. Would that this narrow spirit of selfishness could be buried in a grave so deep that it would never find a resurrection."

Some persons to whom this Journal has been sent have returned it to us without giving us any clue as to who they are. No name, no residence, no Post-mark. Of course we are at a loss to mark the return. When a person returns a paper to the office of publication he should write "Discontinue" *on the paper*, and below this put his name *in full* (*i. e.*, not the initials,) together with his residence. Then we will know for a certainty who does not wish to receive our Journal. The law does not make any charge for writing such particulars on returned papers.

LONGEVITY OF GREAT MEN.

Academicians, in respect to longevity have been particularly distinguished. I need mention only the venerable Fontenelle, who wanted but one year of a hundred, and Nestor and Formey, both perpetual secretaries, the former of the French, the latter of the Berlin Academy.

We find, also, many instances of long life among schoolmasters—so that one might believe that continual intercourse with youth may contribute something towards our renovation and support.

Both poets and artists—in short, all those fortunate mortals whose principal occupation leads them to be conversant with the sports of fancy and self-created worlds, and whose life, in the properest sense, is an agreeable

dream, have a particular claim to a place in the history of longevity. We have already seen to what a great age Anacreon, Sopho-Haller, Metastasio, Gleim, Utz, and Oeser, all lived to be very old.

The following short list of the ages of distinguished men may be interesting to the reader in this place—for a more complete catalogue, arranged according to the classes of science and literature upon which they shed their light, he is referred to Madden's "Infirmities of Genius."

Tasso, 51; Virgil, 52; Shakspeare, 51; Moliere, 53; Dante, 50; Pope, 56; Ovid, 57; Horace, 57; Racine, 59; Demosthenes, 59; Lavater, 60; Galvans 61; Boccaccio, 62; Fenelon, 63; Aristotle, 63; Cuvier, 64; Milton, 66; Rousseau, 66; Erasmus, 69; Cervantes, 69; Beaumarchais, 69; Dryden, 70; Petrarch, 70; Lesage, 70; Linnæus, 71; Locke, 73; La Fontaine, 75; Handel, 75; Reaumur, 76; Galileo, 78; Swift, 78; Roger Bacon, 78; Cornelle, 78; Marmontel, 79; Thucydides, 80; Juvenal, 80; Young, 80; Plato, 81; Buffon, 81; Goethe, 82; Claude, 82; West, 82; Franklin, 84; Metastasio, 84; Anacreon, 85; Herschell, 84; Newton, 86; Voltaire, 85; Halle, 86; Sophocles, 90; Lurwenhock, 91; Hans Sloane, 93; Weston, 95; Michael Angelo, 96; Titian, 96; Herodias, 100; Fontenelle, 100; Georgias, 108.

METROPOLITAN COLLEGE.

THE next course of Lectures in Metropolitan Medical College will commence on the second Tuesday in November, 1854, and continue until the first Thursday in March, 1855, embracing a period of sixteen weeks.

In addition to this term there will be an introductory course, commencing on the Third Tuesday in October, and continuing four weeks. This term is intended to lay a foundation for the studies of the four succeeding months and the Lectures will be gratuitously open to all. Histology, Comparative Anatomy and Physiology, and Cell growth will be specially taught during this Introductory course, and the subjects illustrated by a splendid Oxy-Hydrogen Microscope.

A Female department will be connected with the College, the lady students being lectured to separately, a competent female lecturer filling the chair of Obstetrics and Diseases of Women and Children. In this department the teachings will be as full as in the male department, and the most complete arrangements have been made for giving Woman a thorough and Scientific Medical Education.

Students of the Metropolitan College will have the privilege of visiting the New York City hospital, in which ten thousand patients are received annually; and also the Emigrants' Hospital, which has seventeen thousand occupants every year. In the City Hospital they can visit two Medical and

two Surgical Cliniques every week ; and the Surgical and Lying-in Wards of the Emigrants' Hospital will be visited every Saturday.

The Anatomical Museum (which is the largest in this country, and little inferior to some of the celebrated Museums of Europe,) offers an unending field for the study of Human and Comparative Anatomy.

Students of Metropolitan College will also have free admission to the Astor Library, which has a Medical Department containig 1700 volumes of the rarest and best Medical Literature in the world. This Library is acknowledged to be the first Medical collection on the globe.

In addition to these invaluable advantages, the College possesses a fine Chemical and Philosophical apparatus, including one of the most elegant Electrical Machines in this hemisphere. It also has numerous plates, diagrams, models and preservations; the Lecture Halls and Anatomical rooms are large and elegant, and students have hourly access to the largest and most complete Botanical collection in the world.

These facilities render Metropolitan College an institution of which Medical Reformers may be proud, for it is the consummation of their long-cherished hopes—a *scientific* school. All that now remains is for them to give it that support they have ever promised to give to an Institution of this character. Every friend of Scientific Medical Reform is expected to bestir himself in favor of the Metropolitan, and to use his influence in sending students to its Halls, that an army of Medical Samsons may be equipped for the warfare against error.

Some changes are to be made in the chairs, and the Faculty will not be advertised until the next number of the Journal.

PATENT MEDICINE.

THE latest and most wonderful cure effected by a patent medicine is the following:—A boy had swallowed a silver dollar. None of the faculty could devise any alleviation, whereupon the inventor of the cure of medicines was sent for. “It is evident,” said he “that so considerable a coin can never be forced up by any emetic known to science. However, let him take this pill, and flattering consequences will be likely to ensue.” An hour afterwards the boy threw up the dollar, but in small change, principally five cent pieces.

Our friends will please notice that our own residence has been removed from 7 Essex Street to No. 83 Division Street, to which number all communications and letters should be sent.

Dr. H. M. Sweet, has moved from 282 Houston Street, to No. 16 West Thirteenth Street, to which place his friends will please direct his letters.

THE
Journal of Medical Reform.

JULY, 1854.

Selections.

From the Eclectic Medical Journal.

PATHOLOGICAL CONSIDERATIONS.

BY DRS. NEWTON & POWELL.

BEFORE entering upon the consideration of the special manifestations of disease, a few general remarks, with reference to the whole subject, appear to be called for.

We have thus far spoken familiarly of disease and diseased action, and our readers no doubt, conceived that they thoroughly understood us, and we think it very probable that they did, so far as the nature of the subject demanded; that is, they have understood us after the manner of unprofessional society. But, as we approach the Practice of Medicine it becomes indispensable that we should be definitely understood as to the ideas we attach to certain words, which constitute the initial of medical study. A misapprehension of our meaning of these words will lead to a misunderstanding of all of our subsequent reasoning. A few illustrations will render this matter transparent.

At this time, the prevailing opinion in the profession is, that fever and inflammation are diseases, and upon this opinion is founded a certain medical practice; now, suppose this idea to be founded in error, then it follows that the practice founded upon it must be equally erroneous, and consequently mischievous. At this point we will make two or three citations to prove our statement to be correct.

Watson's Practice, page 94, informs us, that *inflammation* is "a special form of *disease* to which all parts of the body are liable—a *disease* that meets us at every turn."

Professor Paine's Institutes, page 464, says that "inflammation and fever are two orders of *disease* which make up the great amount of human maladies and form the general outlets of life."

Professor Gregory says that, "fever is the most important be-

cause the most universal and the most fatal of all the *morbid* affections of which the human body is susceptible."

These quotations are made from standard and highly esteemed authorities in the allopathic branch of the profession; but, without any expression of opinion on this subject, the allopathic practice authorises the inference as to what its fundamental doctrine must be. If fever be not *disease*, then there is no warranty for bleeding, purging, and poisons.

People generally believe that if the old school physicians neither bleed nor give mercury, they are on a par with the new school—but here they are mistaken; the difference between the two is not confined to a difference between their therapeutical agents, but in the principles that guide to the use of them. Life can be destroyed without the use of the lancet or mercury—and so fever can be brought down without them.

The proper question is this: which is the *physician*, the one who regards fever as a disease, and therefore uses all the means he can command, as bleeding, purging, poisons, and starvation, to reduce and break it down, or the one who regards fever as a proper physiological act of the system to remove disease, and therefore does all he can to sustain and equalize it? It is true that bleeding and purging will equalize it, but in doing this they equalize the patient with the dust from whence he came. But the idea of sustaining fever and inflammation does not belong to their practice.

Because we sustain fever and inflammation as the two most important physiological friends the animal economy can acknowledge, and sustain our principles by a consistent *materia medica*—we have been denounced as innovators, charlatans, and quacks. We will reverse this charge and clench it, before we have done.

Most of the modern allopathic writers on inflammation and fever refer us, for the purpose of obtaining a more thorough understanding of these subjects, to Professor John Hunter's work on inflammation.—Well, what does Professor John Hunter say?

In vol. iii, page 285, he tells us that "inflammation, in itself, is not to be considered a disease, but as a salutary operation consequent either to some violence or *disease*." It "is an action produced for the restoration of the most simple injury in sound parts, which goes beyond the power of union by the first intention."

He continues page 293, "pure inflammation is rather an effort of nature than a disease."

On page 286, he again remarks, "From whatever cause it (inflammation) arises, it is an effort intended to bring about a reinstatement of the parts to nearly their natural functions."

Upon this doctrine we stand—a doctrine that is recommended by the most distinguished allopaths of the day; and yet, strange to tell, it is especially and peculiarly the one which they have all abandoned. Who are now the innovators, the charlatans and the quacks? The allopaths recommend this doctrine, and yet, practically, denounce it—

we believe it and practically conform to it—which, then, is the most consistent?

Now suppose we try the Hunterian doctrine of inflammation by a few illustrations.

A mechanic has a splinter forced under his finger nail, and so broken that he cannot extract it. Is not the first observable result in the part inflammation, and then follows suppuration, granulation, and cicatrization? Is not the whole of this process normal, under the circumstances? Could the part originally have been in a normal condition if these phenomena had not succeeded to the accident? Was not the inflammation absolutely essential to the expulsion of the splinter? Now, suppose the patient to have been bled to such an extent as to have prevented the inflammation, would the splinter have been expelled?

As a further exemplification of this subject, we extract the following illustration from "Simon's General Pathology:"

"A man has a sudden and severe pain in some part of the surface of the body, accompanied by a rush of blood to the painful spot, and by a disposition to the pouring out of serum there. This, obviously, is not a condition of health. But, if you knew that a quantity of boiling water had just been dashed on the part, you would be disposed to transfer the term *unhealthy* from the effect to the cause—from the man to the kettle. In fact, the man would have been unhealthy if this redness and vesication had not occurred." Then, as they did occur, they were right actions, under the circumstances, and cannot, therefore, under any definition of disease be called diseased actions.

Doctrines as sound as this have been proclaimed by several of our living allopathic professors, but they appear only as luminous rays that occasionally flitted across their minds—they were not maintained with consistency, nor followed by practice. In proof of this, we will select a few illustrations: Professor Paine, in his *Institutes*, page 465, teaches that "inflammation takes its rise in purely physiological conditions and holds its progress and decline under the same great natural laws of the constitution." The professor could not have expressed himself in language more compatible with truth, but he certainly did not understand the import of it, or he would never have written the following: on page 464, he says, "Inflammation and fever are the two orders of disease which make up the great amount of human maladies and form the great outlets of life."

In inconsistency Professor Watson has more than equaled the preceding. He says, *Practice*, page 94, that "It is by inflammation that wounds are closed and fractures repaired—that parts adhere together when their adhesion is essential to the preservation of the individual, and that foreign and hurtful matters are conveyed safely out of the body." This doctrine is correct, but that he should administer calomel to break down inflammation, and, when down, to expect it to carry such a "hurtful matter" is more than we can

conceive to be possible with a rational man. But we will hear him again: on the same page, he teaches that "inflammation is a special form of disease, to which all parts of the body are liable—a *disease* that meets us at every turn." Upon which of these principles did he found his practice? upon the latter; and in aiming his blows at fever and inflammation he destroyed many of his patients, no doubt.

Although we have perhaps sufficiently illustrated our position, we have not specifically defined our understanding of the words, disease, fever, inflammation, physiology, and pathology.

Disease we understand to be that condition of a part which disqualifies it for the performance of its function.

Fever is a manifestation of an effort of the system to remove disease, a physiological action under the circumstances, a general or constitutional indication of disease.

Inflammation is an evidence of local disease—an action produced for the restoration of a diseased part—an effort of the vital force to remove disease.

Physiology is the science of life in all modes of being, but is now usually restricted to life in a state of health.

Pathology is the science of life in a state of disease—it is physiology under abnormal circumstances.

We may be asked, what is gained by these views, definitions and explanations? We answer, every thing that can be gained by having the truth, instead of a fiction or a falsehood. There is a wide difference between considering ourselves as called upon to treat fever as a disease, instead of a physiological action, or an effort of the system to remove disease—as much difference as there is between bleeding and purging on the one hand and the administration of antispasmodics and tonics on the other. There is, we conceive, a wide difference between supporting the vital force under the inflammation of a broken leg, by nutritious diet and tonics, and such bleeding, purging and starving as will break down the inflammation and defeat a restoration of the part. There is a wide difference between setting up, by the use of means, a new pathological action, that is always hazardous and frequently fatal, and that of aiding and regulating a pre-existing one. Finally, we think that there exists a wide and an irreconcilable difference between assisting nature—the *vis medicatrix naturæ*, to affect a desired physiological change, and that of crippling all of her efforts and energies.

It will be conceded by all, that without vital force there is no manifest life—death only exists. And it will readily be admitted, that without blood there is no life, and that death can be easily produced by bleeding, and that to the extent of any obstruction of this fluid is the vital force reduced. It is equally well known, that purgatives and poisons will diminish and even destroy the vital force, and, finally, we think, that it would be difficult to prove that an animal can have too much vital force.

Now is it not absolutely true that a very large majority of physi-

cians do pretend to cure disease by bleeding, purging, and the administration of poisons? Do they not sometimes, yes, frequently, bleed and purge to reduce, or else to equalize vital action, and then, in a short time, give stimulants and tonics to sustain the vital force? Do they not bleed in cholera and then presently inject salted water into the veins to supply the place of the blood that they had just abstracted? But we will be more special.

Dr. Armstrong speaking of scarlatina maligna says, "the vehemence of the attack and the intensity of the excitement rapidly exhaust the vital energies." And what does he recommend to support them, and to prevent their destruction? "Emetics followed by brisk purgation." Is not this equivalent to bleeding a man to keep him from fainting? A disease must be very violent when it can exhaust vital energy with more rapidity than "brisk purgation." A patient must certainly have a vigorous vital force to sustain himself under both. Professing to be the friend of the "vital energies," he gives aid to the disease; but this is not the only glaring inconsistency of his practice. When he visited the patient, he found the "vital energies" struggling to force the poison upon the surface, or, in other words, to remove the cutaneous obstructions, and he immediately countermands the effort and orders "brisk purgation," to force the "vital energies" to retreat to the bowels and to leave the disease in possession of its stronghold. Great must be the "vital energies," when they can successfully resist a malignant disease, reinforced, as it usually is, by bleeding, purging, and poisons.

Next to the lancet mercury is most prized, in the treatment of inflammatory affections, and perhaps on account of that quality which Professor Harrison assigns to it, "a most powerful depressor of the energies of life." According to our definition, it is a poison, and Hooper's Dictionary teaches, that "all our most valuable medicines are active poisons."

Now in as much as all epidemics are produced by a poison of some kind, and as the "vital energies are frequently incapable of expelling it," would common sense suggest the propriety of introducing into the system another poison, on the plea that two are more easily expelled than one, more especially as one of them is unalterably a poison, and "a depressor of the energies of life?"

Having disposed of such physiological matter as became suggested to us, with reference to our leading object, it yet remains for us to indicate and illustrate that fundamental law or principle that will guide our practice. We say fundamental law or principle, because, maintaining as we do, that disease is but one—a unit, there can be but one fundamental change, which is to, or from, health; and, as the leading object of this work is to teach how we may, with the most facility and certainty, effect the first, a change to health, it becomes the paramount duty of students to discover, as far as possible, the processes which living organized systems establish for their own preservation, under the various contingencies incidental to existence.

So far as they shall accomplish this, they will find that they have nothing to do but to aid, and every dose of medicine they shall administer, during their ignorance of the intentions, or the character of the efforts the system is making, will be done empirically.

In a state of health, the vital force is adequate to the maintainance of an equilibrium of action in all parts of the system, but under the influence of a local injury, this is not the case; it is indispensable that a major action shall be sustained in the injured part. In the case of a fractured bone, constipation immediately supervenes, or else a diarrhoea, which is inevitably an unfavorable symptom, and these remarks are equally true of small-pox. All agree that constipation in this malady amounts almost to a pathognomonic symptom; and when diarrhoea happens to appear in its stead, it is regarded by all writers as unfavorable.

Now, the fact that constipation attends all inflammations of the animal system, cannot be regarded as an accidental circumstance, it should teach us something in reference to the agency of the vital force, under the existence of such forms of disease as we have alluded to. During the inflammatory stage of small-pox, purgatives are positively prohibited; now, we would be pleased to know why they are not prohibited in fractured bones and gun-shot wounds? If no valuable reason can be given for this difference of practice, then it is empirical. Let it be remembered, then, that in fractures and other wounds, something more is required of the vital force than barely to maintain repairs; and to afford an additional force to the injured part an equilibrium of force must be effected in the system; and, as it cannot be taken from the animal under the circumstances, it is taken from the vegetative, and constipation results, and continues until the work of recovery has fairly become established.

If, in such a case, a cathartic be administered before the thorough establishment of inflammation, the recovery of the part is retarded, and how often has it been retarded by a rigid antiphlogistic treatment?

In the case of small-pox, the unmistakable purpose of the system is to become relieved through the cutaneous surface; to it the vital energies are directed, and the obvious effect of a purgative is to counteract the vital force, and to expend as much of it upon the mucous membrane of the alimentary canal, as might be sufficient to force the disease or its cause upon the surface.

In the most confluent forms of small-pox there is no danger so long as an equilibrium exists in the irritation and circulation of the system, and if this equilibrium cannot be maintained without purgatives, then there is but little probability that it will be with them, because they cannot be administered without producing more or less of inequilibrium. In most cases of constipation, to the extent of mischievous irritation, is most generally confined to the large intestines, and more particularly the rectum; consequently, it can be relieved by enemas, and nothing further is needed. When disease invades the system of vegetative life, cathartics become indispensable, but

not to the extent, even then, of Dr. Armstrong's idea of sustaining the "vital energies," by "brisk purgation."

Although, in the case of inflammatory fevers, the arterial action is very greatly augmented, yet we are not to conclude that there has been an increase of vital power, or of the energies of life, because disease is not creative—it can neither produce nor augment life—it can only occasion a suspension of its manifestation in some functions, and an accumulation of it in others. When that quantity of vital power, which, in health, maintained the functions of secretion, excretion and nutrition, is again returned to these functions, fever ceases to exist. The increase of vital manifestation, in fevers, is not universal, nor even general, for while there is an exaltation of vitality in some parts, there is a deficiency in others, as is most clearly evinced by a loss of appetite, the wasting of the body from an absence of nutrition, by the weakness of the muscles, in many instances, and by a sense of prostration. When we can equalize this vitality, we restore health; but if we abstract vitality, by bleeding and purging, we just so far incapacitate the system to repair the lesion that disease has inflicted; for this end, then, it is absolutely essential that we should carefully husband the vitality and its resources.

We have shown that neither fever nor inflammation is disease, but are accumulations of vital force for the removal of it—that disease is an incapacity, in a part, or parts, to perform their function; and we now add, that this incapacity depends upon chemical, mechanical or vital impediments or obstructions, and when it is of the third character, it is a result of defective or suspended depuration.

Now, suppose the skin to have failed to perform its function, and that the failure has resulted from suspended secretion, and therefore replete with obstructions from arrested or suspended depuration; how is it possible for bleeding or purging to remove the obstruction? By reducing the vitality, they reduce the energy of the effort that is made for its removal, but the obstruction still exists, and the power to remove it is diminished. Is it not obvious that every effort that is made to remove the disease, by such means, only tends to confirm it?

Suppose the lungs to fail in depurating the venous blood, and tubercle shall result, will bleeding and purging remove it? Suppose, again, the kidneys fail to eliminate to a sufficient extent, the urea, and rheumatism shall result will bleeding and purging remove this urea, and thereby remove the rheumatism? Has not experience proved that they cannot?

If, then, disease consists in obstructions, and they result from suspended depuration, is not the indication of cure a re-establishment of the depuration?

The preceding views have been advanced with reference to those forms of disease in which the allopathic branch of the profession would bleed and purge; but there is another form, in which they would not resort to the same practice, and yet, it would be equally

rational ; it is that, in which there is less equality between the amount of the obstruction and the power of the vital force—a case of congestion in which there is not existing sufficient power to effect a reaction. In these two forms of disease there is no similitude in the treatment by the allopathic physicians, and yet the two forms are essentially the same—differing only in degree—the vital power in the one, or the obstruction in the other, predominates. In the former, there is more demand for antispasmodics, and the latter, for revulsives. When the circulation shall become equalized, secretion will follow—deuration will take place—the obstructions, and, of course, the disease, will be removed.

From the Middletown Whig Press.

MEDICAL TRANSACTIONS.

BY Z.

“The Transactions of the New York State Medical Society are out, and contain a large amount of highly valuable and scientific information for the profession and the people.

“Two of the ablest papers are contributed by Drs. W. H. H. Parkhurst, of Herkimer, and Merrit H. Cash, of Orange co. There are also several very interesting and important biographical notices of physicians, who have been eminent in the profession, together with historical data of their ancestry.

“This is a publication which ought to be in the hands of every family, containing, as it does, just that kind of knowledge which the people so much need to enlighten them in rational medicine, and to warn them against the insidious approaches of quackery in all its forms.

“The liberality and discrimination of the Legislature, in causing the document to be published from year to year, demands the gratitude of the whole medical profession.

“HARVEY.”

Mr. Hasbrouck.—On reading the above in your paper of the 26th ultimo, the question occurred to me, as no doubt it did to others, Why does the Legislature publish the transactions of this society? What is the peculiar worth, merit and importance of this document which commend it to the support and favor of our law makers, to the exclusion of the transactions of other State Medical Societies which are quite as scientific and vastly more useful? Do the people of the state demand an outlay of money to print the doings of this single branch of the Medical profession? I think not. On the contrary, it is quite probable that not ten persons in a state, outside of the Allopathic profession would have given a dime to rescue these “scientific and valuable” transactions from the obscurity to which they are destined but for the interposition of state authority. In the eye of the law, all classes of physicians stand upon the same footing.

The state of New York no longer, as it once did, stands god-father to the Allopathic profession; and I know of no law of descent or primogeniture that confers special prerogatives upon them. If this Allopathic society holds a patent for all medical knowledge, past, present and to come, and if, when it dies, all medical science shall die with it, then there is, indeed, some show of reason why such unmitigated trash as forms the bulk of these transactions should be "got out" at the expense of the people of this state. But such is not the current sentiment of our citizens. Allopathy is regarded to-day as an exploded fallacy, a crumbling fabric, a temple in ruins. It need cause no surprise that the committee of this society, in addressing a note to the Speaker of the house, should "express the hope that the Legislature will, as in former years, assist the society in their publication *for the benefit of the community*." That they need assistance, just as Peter once did, when he was sinking in the waves, nobody will venture to deny. The strength, freshness and vigor that pertain to a living, healthy organization are gone, and gone forever. It needs, therefore, some extraneous help, some Legislative propping, some wind of favor such as the sanction tacitly given to it by the publication of this book afforded, to preserve it a little longer from the utter annihilation to which it is fore-doomed. Mark the language: "*for the benefit of the people*." The people are, doubtless, weighed down with a sense of the magnificent generosity of this philanthropic committee. What abnegation of self is here; what a priceless example of disinterestedness; what ignoring of all personal advantage or self-glorification! The *ego* is swallowed up in an unbounded solicitude for the *populi*. Men, learned and sage, staggering under the load of responsibilities that cling to them as the Argosies that guard the lives and health of the *whole people*, turning aside for a day, to pour their united wisdom into one common reservoir, and then beseeching the Legislature to supply the conduit pipes, that the whole state may be refreshed, rejuvenated and deluged with the healing waters of this modern Jordan!

There are two rich gems, it seems, which your correspondent "Harvey" thinks should be examined, admired and preserved. The pickling process, I think, would be preferable. It is more than probable that "every family" will *not* "procure a copy." I propose therefore, for the "benefit of the community," to make a few extracts from and comments on these "scientific papers." The paper of Dr. W. H. H. Parkhurst is evidently a *labored* production. It is a model of domestic medical literature, a perfect *vade mecum* for nursery maids and young mothers. It is for this reason, doubtless, that your enthusiastic correspondent thinks it "should be in the hands of every family."

In this "paper" Dr. Parkhurst introduces to the people of the state Mrs. Eddy. Before she was Mrs. Eddy, she was Rebecca Smith. Her mother, Sarah Smith, gave birth to twenty-four children (shade of John Rogers behold and wonder!) Her father Amos, was

the third child of nine children. Here are important facts, historical data, valuable information which "every family" should treasure up for future reference. The Smith family are a numerous people. Amos and Sarah may be justly regarded, hereafter, as two of the "great progenitors." Dr. Parkhurst gives "every family" a key to the rapid multiplication of the Smith's when, for the "benefit of the community" he informs us that "the ancestors on both sides had all the powers of procreation to the fullest extent." After this let us cease to wonder that the sun never sets on the family of Smith's!

Dr. P. goes on to say that he first became acquainted with Mrs. R. Smith Eddy in 1842. Mark the date. It may be important should this "paper" ever get out of print, or the Historical Society fail to "procure a copy." Mrs. Eddy had been attacked with colic. Dr. Parkhurst was called in. Fortunate circumstance! Every body should rejoice that Dr. P., and not Dr. Doolittle was the man for this occasion. Mrs. Eddy might have lived unnoticed and unknown but for the providential appearance of Dr. P., at her bed side, and the people of the state of New York and contiguous parts would never have had the benefit of this extraordinary "biographical sketch." Mrs. Eddy recovered from her attack of colic, but Dr. P. made some discoveries "while making the examination necessary to get the proper diagnosis correctly," which is too scientific to be quoted here, and which, to be understood, and thoroughly appreciated must be carefully read by "every family." Dr. P., however, got unprofessionally frightened. His language is "I was startled with fright!" He further informs us that "they (that is to say, the Eddy's) both looked forward to the time when she should present to her husband an offspring to crown each other with what they most desired." What case, what beauty of expression! Inimitable Dr. Parkhurst! Well may the state lavish its funds for such specimens of the unmixed Anglo Saxon. He proceeds to enlighten "every family" as follows: "In expectation of all this, the necessary preparations were made, all the little fixings were selected and completed and laid away in a careful manner for ready use." There is a sentence of which the State Medical Society may justly be proud! What a world of meaning in an inch of space! How concise, what wonderful simplicity of style, what adaptedness to meet the wants of "every family!" Dr. P. proceeds: "It is well known that fifty years ago, and even thirty, most of the cooking was done by fire-places, cooking stoves being very rare if any at all." Shade of Murray defend us!

Dr. P. goes on to say "the manner in which kettles were used mostly is well understood by almost every individual;" but fearing there might be some benighted individual who needed instruction, Dr. P., vouchsafes the following choice description: "It was by the construction of an instrument called by the familiar name of crane, so hung upon one side of the fire-place that it could be swung over or outside of the fire at the pleasure of the individual using it; and then hooks were made of iron to hang on the crane at an extremity,

and at the other were placed the kettles for use." The "liberality and discrimination of the Legislature" in thus handing down to posterity this elegant and faithful picture of this once all-important, but now, alas! rejected "instrument," is quite overwhelming. "Every family" who ever had a crane, should thank the Doctor, and "procure a copy" in token of their gratitude and esteem. But it seems that serious accidents sometimes occurred when hooks and kettles and cranes were employed to "do the cooking with." Mark what follows: "While preparing a boiled dinner (they used to prepare *boiled* dinners in old times) in a large kettle, the hook suddenly gave way, and the pot fell forcibly into the fire, upsetting and scattering the fire in all directions, and producing, as we might suppose, upon the nervous system (of Mrs. Eddy) a shock of surprise and consternation." Fancy, here, has no office to perform. Imagination is valueless. The mind grasps at once the length and breadth of this terrible calamity. I would not mar the picture by "drawing a line here and there" with my unlicensed pencil, or attempt to deepen the shades of its inimitable coloring. Suffice it that a boiling boiled dinner was literally gone to pot. Mr. Eddy's loss is our gain. The forcible exodus of that pot, pendant from that crane, into that fire below, has afforded us an opportunity, through the "liberality and discrimination of the Legislature" of hearing from Dr. Parkhurst, and thereby of obtaining "just that kind of knowledge which we so much need." What follows this surprising series of disasters may be learned by those who "procure a copy." It is enough here to say that immediately after, "Dr. Farewell was sent for and arrived in the fore part of the evening." The Doctor told Mrs. Eddy, that in about three hours her troubles would be over. But he was mistaken. Morning came, and the Doctor left, with instructions to be sent for immediately, &c., &c. Dr. Parkhurst continues his scientific narrative as follows: "Mr. Eddy kept his horse up from pasture as a minute carrier for the space of three weeks, and finding the probabilities were no more favorable for his use than before, he turned his horse again to pasture." Disappointed Mr. Eddy! Thy ancestors were not wont thus to watch and wait and play the minute man! How were thy hopes dashed to the ground! A sad foreshadowing was the destruction which befel thy dinner pot. What Smith or Eddy ever suffered the pangs of hope deferred like thee? What horse, owned by either branch, ever stood the trial of a three weeks' absence from pasture in an emergency such as this? "Every family" can see the drooping Mr. Eddy as he doffs saddle and bridle, and in despair yields up his patient beast to the luxury of the grass!

Mr. Eddy, it seems was doomed to perpetual disappointment. Fifty years after these events Mrs. Eddy died. A *post mortem* was held, and then Dr. Parkhurst discovered what it was that so frightened him in "making the examination to get the proper diagnosis correctly." This valuable paper closes with a chronological account of the Eddy family which is given in full "for the benefit of the community."

Original Communications.

CUTANEOUS DISEASES.

BY PROF. I. M. COMINGS.

WE next come to the consideration of those inflammatory forms of disease of the skin, which are characterized by the secretion of a fluid under the cuticle.

Dr. Willan has defined a vesicle to be, a small orbicular elevation of the cuticle, containing lymph or serum, sometimes clear, transparent and colorless, at other times it is opaque or colored. These eruptions may be succeeded either by scurf or by a scab. If the fluid be absorbed, and the cuticle which is detached, rub off by degrees in minute portions, it is called scurf, if it is not absorbed and the cuticle is ruptured, a scab is formed by the drying of the fluid as it exudes. A scab is defined to be a hard substance covering superficial ulcerations and formed by a concretion of the fluid discharged from them. We have five forms or species of vesicular disease, viz. Miliaria, Herpes, Eczema, Scabies and Pompholyx. We will describe them in the order mentioned.

MILIARIA.

In this disease the vesicles are exceedingly numerous, (whence their name.) There is a slight inflammation of the skin and a slight rash; sometimes a little more, and then the disease is called *red* miliary eruption: if there are only white vesicles, then it is called *white* miliary eruption. Some have confounded the red variety with scarlet fever. If there is much inflammation, the skin will be red; if not, it will look white from the number of these little vesicles. These miliary eruptions are very frequently nothing more than attendants upon other forms of disease.

If the eruption is very copious, it is preceded by an unusual degree of languor and faintness, and a profuse perspiration which perhaps accompanies it during the whole of its course; and has a sour odor or smells like rotten straw. There is sometimes a sense of heat, prickling and tingling in the skin before the eruption comes out, and even during its continuance. The vesicles at first are exceedingly small and filled with transparent lymph, but in about thirty hours the lymph will become more or less opaque and milky. The tongue may be affected. It may be dark and red at the edges, and the papillæ may be elongated, and there may be aphthæ of the mouth and fauces. The duration of this disease is quite uncertain.

Dr. Bateman supposed this disease to be nothing more than the effect of bad treatment. It used to be very common among lying-in women, who were kept in a heated room with blankets placed upon them and thick curtains were drawn around the bed, and where fire was kept blazing in the apartment. It would be almost strange if, under these circumstances, they had not sweated and had a miliary

eruption of the skin. But it is probable there is such a *specific* disease as *miliary fever*, besides the *eruption* which may be produced by the cause above described.

This disease is divided into the *benign* and *malignant*. The *miliary benigna* is preceded by lassitude, frequently by pain over the eyes, and loss of appetite : but sometimes persons go to bed well and wake in a profuse sweat. Very soon vesicles appear. In the *violent* forms of the disease, all the symptoms are intense, but the stomach is found to be particularly affected. We see this eruption sometimes in inflammation of the stomach, and the sweats then are very foetid, and the patient smells exactly like rotten straw. The eruption generally comes out on the second or third day, and continues from two or three days to two or three weeks.

This eruption may sometimes be caused by violent passions and emotions of mind ; by the inordinate use of cold, crude and unripe fruits, impure water and unwholesome provisions. It may be occasioned by the suppression of any of the usual evacuations, and by the heating treatment above described.

Treatment.—The cause should be discovered and removed if possible. A mild emetic is generally indicated, and about the same treatment we have recommended for other eruptive forms of disease, as they all require the same general treatment. Saffron tea, (*Crocus Sativus*) is a good drink. Great attention should be paid to the temperature, and the patient should not be kept too warm. The diet should not be gross, but yet sufficiently nutritious. The bowels should be kept open, but no cathartic should be allowed. Let the whole surface be sponged with ley water or some alkaline lotion. As there seems to be an acid secretion, these alkaline washes will be found to afford speedy relief and permanent cure.

HERPES.

This is a very mild form of disease and wholly devoid of danger. It may be distinguished from some other vesicular eruptions by the great degree of inflammation with which it is attended. Patients are often very much frightened and fancy they have some terrible disease coming, though it is really very light and will require little or no treatment.

In most of its forms it is an acute affection. It begins, perhaps, with feverishness, and a great degree of smarting and tingling of the surface. The skin looks red, and clusters of vesicles then appear. It lasts from one to two weeks. These vesicles occur in clusters, one after the other. Many of those eruptions that appear suddenly on the skin are of this description. At first, the contents may be clear ; but they soon become opaque and yellow. The scabs we often see about the mouths of children are nothing more than herpes.

When this eruption appears around the waist, it receives the name of *Herpes zoster* or *zona*. In common language it is called

shingles. In some cases the patient is a little indisposed at first. He has a slight headache and feverishness. Again, there is no previous indisposition. When it occurs in separate clusters and does not run round the body, it is called herpes *phlyctenodes*. There is no difference in these two species except that the former has a disposition to reach round the body, while the other remains in separate clusters. At first there is smarting and tingling and then great itching.

If it occur on the prepuce of the male, it is called herpes *preputialis*; if on the lip, it receives the name of herpes *labialis*.

When the patches assume a circular form with the vesicles only on the circumference, we call it herpes *circuinatus* or common *ring-worm*. The great use of describing this form is that we need not confound it with other forms of disease that are more serious.

There is a form mentioned by Dr. Bateman which is quite rare. He called it herpes *iris*; because there were almost all the colors of the rainbow in it, as each patch assumed a different hue.

Treatment.—In the commencement of the complaint almost any simple application will cure it. A little of our Antispasmodic tinct. or Hot Drops. A strong decoction of the Dock, (*Rumex Crispus*), applied will often kill it at once. If it is obstinate, the juice from the hull of the walnut, while green, will effect a cure. This juice can be saved in alcohol and kept for years. It is an excellent escharotic for any of these scaly or herpetic eruptions.

If this affection becomes corrosive, or if it does not yield to the above treatment, the vapor bath must be administered and an alterative course pursued. Astringent poultices, as the pond lilly (*nympha odorata*) and others, with ginger, slippery elm bark or flax seed, may be applied with the happiest results.

Prof. Curtis recommends the escharotic remedies to be prepared in vinegar or some vegetable acid, as this seems to kill the virus or corroding humor which is extending in the tissues immediately under the skin.

68 East Broadway, New York, June 1854.

PODOPHYLLIN AGAIN.

PROF. COOK; Dear Sir.—An article in the May number of your Journal, headed "Podophyllin," dated New Haven, April 7, 1853, and subscribed "Botanicus, Sen.," demands, I think, a little passing notice.

The therapeutical properties and uses of the Podophyllin, are too well known to require any description from me. That it is a remedy of great power, all who are acquainted with it are ready to admit; but that it was the principal cause of the extreme debility and partial paralysis referred to by Botanicus Sen. in case first, I very much doubt. And I think I will be borne out in this doubt by the experience of Physicians generally, who, I think will also agree with me

when I say that this remedy, used therapeutically, is incompetent of producing any such morbid effects. I have used this preparation ever since it was introduced to the notice of the profession. I have used it in large doses, and in small alterative doses, and that too for a considerable length of time : yet I have never observed (and I think my observation is on a par with men in general,) in a single instance, the phenomenon referred to by the writer in question.

My object in writing this article is not to provoke a discussion with *Botanicus* merely for the sake of discussion. I disclaim every motive of this kind, for I respect his silver hairs and his large experience. I am a sincere inquirer after truth, and my present object is to get at the real facts, and then arrive at the truth in the question at issue.

Every one who has used the article *Podophyllin*, is well aware that it is a powerful irritant. When given in full and free doses, it acts very energetically as an Emeto-cathartic, inducing prolonged vomiting, retching and catharsis, with prostration. When pushed to the tolerance of the system, its operation resembles that of the *Lobelia Inflata* being simply more powerful and lasting in its effects. It is too potent an article to be used in any case whatever in which there is the least Typhus or Typhoid tendency. For such forms of fever are usually attended with more or less mucus irritation, great prostration, with a tendency to diarrhoea, tympanitis &c., and it is always advisable to avoid every thing which is calculated to disturb and irritate the mucus surfaces of the bowels. The *Podophyllin* is an agent that I have never used in any case where there was a Typhus or Typhoid tendency, for I consider it an inadvisable remedy in all such cases. It is too irritating, too drastic, too permanent in its effects, and induces too much prostration.

But in cases of acute or chronic Hepatic derangement of any kind, in cases of glandular engorgement and enlargement, and in all cases of articular and inflammatory rheumatism, I can say, from ample experience and without fear of contradiction, that the above remedy, in connection with *Lobelia Inflata*, stands unrivaled in the *Materia Medica*. I should often find myself exceedingly embarrassed in answering the indications, were this remedy stricken from the list. As a deobstruent and alterative, it has no equal. It will not answer to say that, because it has in some few instances been indiscriminately used and injudiciously applied by those not acquainted with its *modus operandi*, it should be discarded as a therapeutical agent. Acting upon this principle, as we might deny whole communities the common aliments of life, because some are so gluttonous as to eat to excess and at improper intervals, inducing Dyspepsia, Apoplexy, &c.

To return to case first as recorded by *Botanicus*. Did the *Podophyllin* independent of any other cause, induce this aphthous sore mouth and paralysis? Were I to answer this question according to *my* experience and the tests that I have made, I would answer it negatively ; for I have seen this very state of the system where the

article had not been used at all. And those two cases of friend Botanicus, are not, in my mind, sufficient data to establish the fact of the injuriousness of Podophyllin. The writer says he has more; if so, let us have them. For myself, I will not receive the cases referred to as sufficient to establish that fact, until Botanicus, or some one else, shall give us the results of a *series* of experiments, made with special reference to the truth of the point in question. Then if these experiments are attended with any considerable degree of uniformity in inducing the morbid effects imputed, I will at once yield the point. But I cannot admit those statements as *facts*, upon too superficial evidence, or upon the occurrence of *here and there* a case in which such symptoms have been developed.

That the apthous mouth and partial paralysis did exist, and that there might have been an improper and injudicious use of the medicine in the cases reported, I do not doubt. But I have seen the worst forms of this apthous sore mouth, and cases in which this immobility of the lower extremities existed, where Podophyllin had not been used at all. From this fact I entirely doubt that, in the above instances, these were morbid effects resulting from the use of this article.

Whether this medicine will, under certain circumstances and in certain conditions of the system, and when administered to persons of peculiar idiosyncracies and extreme nervous sensibility, operate entirely different from what it is wont in other cases, and produce the effects referred to, I certainly am not prepared to say. But of one thing I am certain, viz: that if it is competent of producing these morbid phenomena, I shall fellowship with it no longer; for it would be too nearly allied to that Goliath of medicine, *Calomel*, (that article of fear and dread,) and the sooner it should be blotted from our *Materia Medica*, the better.

I hope, Sir, that we will not come to hasty conclusions in this matter, for it is one of much importance. And, as the previous writer has remarked, I hope that these suggestions will succeed in calling attention to this subject, and that the profession will diligently watch the *modus operandi* of this article, and give their brethren the results of their careful observation and experience.

But a few words on the Second Case of friend Botanicus. In August he says he was called to another case of Typhoid fever. When he saw the patient he was comfortable, pulse 85, reading newspaper, &c. Thought he might recover soon. In four weeks was called again. Saw nothing *then* to hinder recovery. Learned that the attendant had been giving Podophyllin; and he objected to cathartics in such a case, (which was right.) About this time another physician was called in, who remonstrated against its use. In four weeks more, which made eight weeks from the commencement of the attack, he was called again to see the case, and found, to his astonishment, that a dose of Podophyllin had been given the day before. I cannot wonder at the Doctor's astonishment, for that was certainly a bad practice.

Yet my opinion is that the patient would have died if he had never smelled or tasted Podophyllin. The very history of the case shows conclusively that the attack was of the most formidable nature. It was slow and insidious in its approach, with nothing alarming in its incubation and first stage and this should have alarmed the attendants, for experience has proven that such cases are as calms carrying storms in their bosoms. It was an ease superinduced by the pressure of disease; an ease which preceded the violent concussion of the earthquake. The destroyer was insiduously coiling himself about his victim, fortifying himself against every attempt that the system might make to defeat his fatal intentions. A foe who openly shows his designs I never fear, for I can prepare to meet him with energy and promptness. But a secret and insidious enemy, who is mild in his approaches, and constantly plays an offish game, like the czar of Russia, never disclosing his black purposes, is the enemy that I always dread.

In the case of the wife, the danger was not in the boldness and violence of the attack, as Botanicus seems to imply. The physician could there see at a glance what he had to contend with. He met the foe at once, brought his whole artillery of Steam, Lobelia, &c., to bear against it, and the result was, that before he was well seated in his saddle, he was obliged to dismount and cry for quarters. But in the insidiousness of the attack of the husband, the enemy stole a march upon the medical attendants, and they woke up to the seriousness of the case when it was too late. For these reasons, those two cases cannot be considered parallel, although Botanicus thinks the wife the worst of the two.

I hope that Father Botanicus will receive these few desultory remarks in the same kind spirit in which they are written, and if, as he remarks, they will draw out discussion, throw light upon the question, and aid in the establishment of the truth, there is no doubt but we will both feel remunerated for the time we have given to its consideration.

CRITICUS CRITICI.

Hartford, May, 1854.

HABIT.

BY LYDIA J. PIERSON.

DR. COOK:—I sincerely hope that neither yourself, or medical brethren, will imagine that my crude suggestions are intended for your or their benefit, or *instruction*. I merely intend to give the young, or unobserving, the benefit of my own experience, and observation. Some persons seem never to reason from cause to effect, even after the same cause has produced like effects many times upon their own system. Others suffer many evils, and finally learn how they might have been avoided, if some experienced person had told them that, which it has taken them years to learn.—Some we know

will not learn, even from experience, and these will treat any suggestion, however much for their benefit, with ridicule and contempt. I do not write for such, but only for those who are willing to learn.

It has been truly said that man is the creature of habit, and again, habit is a second nature. It therefore becomes a duty for every intelligent creature to adopt such habits as may most conduce to the preservation of health, personal beauty, and consequently our ability to add to the comfort, well being, and happiness of our fellow creatures. (Now do not reprove me for saying we ought to preserve our beauty, as well as our health. Beauty is always and every where a delight to the eye, and a joy to the heart. Beauty of person is therefore a blessing, a cause for thanksgiving to him who "made all things beautiful." To preserve each and all His good gifts is surely our duty, as well as our happiness; but to be vain-glorious, and insolent in their possession, is as wicked as it is absurd.)

But to our habits. The whole routine of life in civilized society, is made up of acquired habits, some of which in my opinion are rather arbitrary than beneficial. For instance the established meal time. From habit, we repair to the table at the stated hour, and whether our stomach craves food, or loaths it, we eat just about such a quantity, and of the usual fare, whereas nature ought to dictate, as to the time, quantity and quality of the substance she requires. I am fully conscious that several learned and judicious gentlemen have given their opinions in favor of regularly established meal times; and some have even gone so far, as to direct that infants receive nourishment at stated intervals. But, depend upon this assurance of an observing and experienced mother, to restrict infants, or small children to stated meals, is unreasonable, cruel, and injurious to health. I have known children to ask eagerly for food, which was denied them, and when the meal was ready the child's appetite was gone, the poor thing was faint, pale, and languid, and could not eat at all. Such a child under such regimen, will waste away, and die, of consumption (?) Children require plenty of good nutritive food, and ought to have it as often as they are hungry. They will never eat too much, if they are not kept too long fasting. There can be no greater absurdity than to keep a growing child on an allowance of bread, and milk and water. A parent can hardly be sane who expects a child to be well and strong, on such a diet. Plenty of food, and plenty of exercise, with an occasional drenching in a summer shower, or plunge in a snow drift, will obviate a world of anxiety, nurseing, and doctoring.

But, say you, some children are so delicately constituted, that your prescription would kill them outright. Well, I am so much of a Spartan, that I deem it far better that an innocent child should go to God, than that it should endure long years of painful existence, and bequeath to the world a half alive progeny, to be a burthen to themselves and others, and perpetuate disease, peevishness, and early death.

(Concluded in our next.)

Editorial.

CHOLERA.

"FIFTY-SEVEN fatal cases of cholera were reported in the bill of mortality for this city as occurring within the past week."

Thus opens an article on the Health of the City, in the Tribune of June 19th. A few years ago, and such an account would have startled this whole nation, but now it is not likely to receive more than a passing notice. The single word which, in 1844, had a terror in its sound, is now talked of as lightly as a feather upon the wind; so true is it that custom makes us familiar even with that which is at first fearful.

But the Cholera is really among us, not only in this city, but in a number of the cities of the west, and the great fatality that has ever attended its footsteps, gives a deep seriousness to its present visit. We may seek to make light of it by remembering that it is not contagious, and feel ourselves secure from its invasion in the fact that those of vile habits are most generally its victims. But we must not forget that it is of an epidemic character; and that the foul effluvia which developes it in the haunts of the low, is likely to spread through the atmosphere of a whole city, and convey the death-agent to the doors of the wealthy. And in the country, the rapid decay of vegetable matter produces a malaria no less pernicious than the stench of the city rotteness, and if the poison of the former was as confined as that of the latter, it would be fully as potent in engendering disease.

This season has, thus far, been well calculated to lay a foundation for diseases of the bowels. The numerous rains with succeeding heat, has produced a state of atmosphere that tends to obstruct the skin, depress respiration, and place an extra labor upon the Liver and Alimentary canal. Accordingly we already find a strong disposition to Dysentery and Diarrhoea, and every case of cholera that has appeared has ran its course with remarkable rapidity. The symptoms are of the most alarming nature, and the fatality is fully equal to that of 1832. Three died out of one family in one day, two out of another, and five out of another. Few of the attacked have escaped the tomb, and the scourge threatens to be fearful.

In view of the approaching panic, men turn with eagerness to the Physician and to the laws of hygiene, which, though ever so neglected in health, are fully appreciated in the hour of danger. Sanative measures are then enforced, habits regulated, cleanliness enjoined, and other prudent directions zealously followed, which, when not of such palpable necessity, are totally disregarded. The day of trial is, in physical as in moral things, the day of repentance. But it frequently happens that, though the tardy adoption of hygienic laws is often efficient in preparing the frame to resist the inroads of the epidemic, a long course of irregularity has so prostrated the vital

energies of the system, that the newly thought of moderation comes too late. Many have died from Cholera, who might still be living in vigor, had they but preserved the functional integrity of the body during the previous years of their lives.

Of the physician, much will be expected during this approaching scene of suffering. Though seldom remembered and frequently slighted before, he is now the great man of the day ; and his advice is sought and his counsels treasured with every feeling of reverence. He is the friend in the hour of need, and his directions are obeyed with as much undoubting credulity as the Hindoo manifests in his idol-worship. For it is a strange fact that though so much has recently been written upon popular medicine, the people know but very little about it. Though it is a subject that vitally concerns them, they yield it *all* into the hands of the Physician, scarcely troubling themselves to reflect upon it for a moment. With no distinct notions of what the practice of medicine is, nor what it should be, they throw themselves into the hands of the first man whom chance brings to their side ; and though this confidence is often well placed, yet the number of broken constitutions that surround us bear sad testimony to the frequency of the deceptions.

There are, at the present time, two chief divisions in the Medical Profession, 1st. the Allopathic, Old School or *regular* branch : 2nd. the Botanic, New School, or *irregular*. Each of these schools has its peculiar philosophy and its distinctive practice, being as widely different as the West is from the East. But as our present subject is *Cholera*, we will present a brief outline of the opposite courses that these separate parties pursue in the treatment of this one disease, and then give the success that attends the practice of each.

Having, in our possession, all the latest works and standard periodicals of the Allopathic school, we gather from them the following as the articles they chiefly depend upon in treating cholera :—

Bleeding ; cupping ; tying the larger arteries ; emetics of ipecac, antimony, mustard and blue vitrol ; Calomel, colocynth, castor oil, jalap, opium, fluid mercury, opium and antimony ; colchicum ; cajeput oil ; charcoal, camphor, peppermint oil, ether, mint tea, magnesia ; oxide of bismuth ; chloroform ; whisky ; sugar of lead ; nitric acid (aqua fortis ;) soda water, salt, cold water, water prohibited ; seidlitz water ; lime water ; spirits hartshorn ; opium and calomel ; strychnia (dog-button ;) blisters ; antimonial ointment ; moxa (burning parts of the skin to a cinder by blowing upon it a flame from cotton dipped in oil ;) burning the lining membranes of the bowels by drinking caustic ; bastinadoing the feet ; cutting the throat (i. e. opening the arteries of the neck ;) suffocating under a feather bed ; injections of oxygen gas ; ice up and down the spine ; pouring brandy on the abdomen and then setting it on fire ; sulphur ; chloride of lime ; injections of turpentine, tobacco, alcohol and blue vitriol ; iron ; arsenic ; oil of vitriol.

The above are a few, only a few, of the means relied upon by allopathy, the claims of each one being warmly defended by a large number of its friends. It will be at once seen that this list contains articles of the most opposite, contrary character, and a more incongruous medley of incongruous absurdities could scarcely be conceived. It gives upon its own face, the strongest evidence that the Old School portion of the profession has no distinct notion of what Cholera is, and that they administer their agents at random, giving such as the whim of the moment may dictate. All is uncertainty, confusion, chaos; and they themselves have recently declared that their knowledge of the nature of Cholera is most unsatisfactory, and their practice a bundle of crude empiricisms. In short they gravely tell us that some observations seem to show that as many recover without medicine as with it.

On the other hand the aim of Botanic is to arouse the energies of the system; to sustain the rapidly failing strength; to raise the vital action; to help nature in her struggles. They have a distinct view of the nature of the disease, and hence a direct, philosophical and consistent practice. Be the circumstances what they may, the Botanic, during the active stage of cholera, seeks to stimulate, stimulate, stimulate, by the most efficient means that he can command. Not by irritating stimulants as alcohol, whiskey and gin; nor by irritating poisons, as arsenic, and blisters; but by such pure and potent agents as red and black pepper; gum myrrh; prickly ash; ginger; the spices; bayberry, &c. These may be variously employed as the circumstances may make necessary, but in any and every case the Botanic uses stimulants, pure stimulants.

And what is the result of the different practices? Let figures tell.

In this city, in the year 1849, the Allopaths lost 31 1-3 cases out of every hundred that they treated. Of those treated by Botanics, but 5 7-8 out of every hundred died.

In Cincinnati, the Allopaths lost 27 out of every hundred, the Reformers 2.

In Rochester during the same year, 23 cases died out of every hundred treated by the old school, while the "quacks" lost one out of every 170.

Of the results of the country practice during that year they are, so far as we have learned, 12 out of every hundred lost to the Allopaths, one out of one hundred and ten to the Reformer.

Of the cases that occurred in this city in 1852, the regulars lost 39 out of an hundred, the Botanics 1.

The cases in this city this year are as yet too few for statistical purposes. So far the mortality (all among the old school) has been 60 out of the hundred, yet those who died are said to have been *skillfully* treated.

These figures are given as published by the Allopaths, (who count even the mildest cases as one of the number treated by them,) and as privately recorded by Reformers, who exclude all mild cases from the list. We will

make no remarks, for we do not seek to build up our views upon and by the ruin of others. We seek only to promulgate the truth, and assist in the great cause of humanity. Both sides are represented fairly; the figures are down; let each see and judge for himself.

A LITTLE SOCIAL TALK.

WE confess ourselves to be of an eminently social turn, and few things give us more pleasure than harmonious fellowship with those whose sentiments are kindred to our own. We love to feel the unseen threads of friendship, as they make gentle traction upon our heart, and there is a great gratification in thinking that the fibres of our own bosom may have a hold upon the sympathies of others. For when the tendrils of each soul-plant are ramified, inosculated, and woven among those of the other, deriving nourishment from the same soil, and affected by the same drought and the same frost, the intimacy gives freshness and vigor to the whole, rather than the stunted growth and withered aspect that are so noticeable when they are separated. As the forest tree is taller and more symmetrical than the knurled and isolated dwarf-shrub, so the nature of man is refined and beautified by association, but grows harsh and unsightly and repulsive when occupied by a spirit of selfish seclusiveness.

This social element of our nature has been largely gratified during the lecture term that has just closed in Botanic Hall, and the surroundings of those four months have contributed much to our enjoyment. The kindly interchange of friendly feelings, the absence of all jars, bickerings and harsh words, and the daily meetings for the purpose of unraveling the mysteries of the human frame, have all tended to make these associations peculiarly pleasureable. And to this may be added the late spirited session of the State Society, where the friends of Humanity met to council on the progress of Medical Reform. But now they are all gone. The lectures have ceased, and the halls are empty. We miss the familiar morning welcomes; we miss the social gatherings; we miss the greetings and the encouragings of the Convention. The seniors have returned to their homes to renew their labors, the juniors have launched forth upon the turmoil of a Reformer's life, and we are left to the performance of our monthly duties, and to assist in the preparations for a new lecture term. Each has his locality, each his part to perform; but a mutual interest in a common cause binds our heart to all of them, and to all other Medical Reformers, no matter at what distance we may be separated.

"But" it will be asked, "of what use is this, and where is the propriety of introducing such sentimentalism to the pages of a Medical Journal?" Reader, there is an importance in it, for the success of our labors depends

upon the amount of social, friendly feeling that exists between each and all of us. If an amicable disposition is cultivated among us, our prosperity is certain; if personal animosities creep in, they will cause dissensions, opposition and decay. Sociability is the natural enemy to querulousness, and friendly compacts are destructive of schismatic tendencies. Convivial gatherings are great promoters of harmony and happiness, doing away with misunderstandings, and fostering that spirit of unity and oneness that is so essential to the well being of every associated body. Such a spirit is of incalculable importance in the cause of Medical Reform, and most of the reverses that we have recently suffered have come more from personal disunions in our own ranks, than from the existence of any real differences among opposing factions. It is true that, as so-styled Reformers now stand, there seems to be a great diversity of opinion among them, but these diversities are not real, and were only hatched by discontented beings, who, on account of personal jealousies, must needs seek for new phrases and new sophisms, by which to draw men away from the plain truth. The design for so doing was, that each might set up a new kingdom under his own monarchy. We are not afraid to say that the Baltimore Platform, adopted in the National Convention of '52, embodies the ground work upon which every Reform stands, and he who will not come upon it, is to all intents and purposes an Allopath. And we know, that though there is a rooted feeling of bitterness against this platform, and strenuous efforts have been made to keep it from the knowledge of the profession, the mass, the great mass of Reformers, agree with it in every respect. But ill-feelings between individuals prevent many *party* leaders from adopting it; personal strifes keep up sects and divisions and contending factions; and our cause has been hindered, our efforts aborted, and our borders encroached upon by the enemy, in order to sustain the prejudices of individuals against individuals.

It is not likely that the severances of the past can now be healed, or that personal foes will forego the pleasures of contention merely for the sake of prospering our cause. The practical question with us now is, "What shall be done for the future?" and surely when we see the decay that has followed past dissensions, we cannot be too anxious to escape them in the time to come. Hence we say, foster a social feeling. Let us be anxious to explain differences and settle misunderstandings, that we may preserve a spirit of harmony. Let us weave a net of friendship around and among ourselves, that the social compact may prevent professional rupture, and our front be maintained unshaken. We cannot be too earnest in our endeavors to cultivate a feeling of amicability, for our labors, as a body, will succeed in proportion to our unitedness as individuals. Internal dissensions will be more disastrous to our cause than any amount of external pressure from our foe. If we succeed in preserving our social integrity our advance and ultimate triumph are matters of certainty.

Probably most of our readers remember the anecdote of the Indian chief, who, when consulted upon the propriety of dividing a little army into three parties, took three sticks, and laying them together said that each one could be easily broken by itself, but it would be hard to break them all at once. We are told that the suggestion saved the little revolutionary band; and may we not also profit by the simple yet truthful logic? For we are really in three divisions: the old practitioners, the young graduates and the College supporters. The old ranks need to be replenished by young graduates; young graduates need Colleges where they may prepare themselves, and be fitted to take their place by the side of the learned Allopath; and Colleges need the concerted support of both old and young, that the number of students may be increased and the amount of apparatus multiplied. Thus, as we are mutually dependent, let us bind ourselves firmly together. Neither of us can prosper, if separated; but all will succeed if united. It will not do for one division to say to the other "I wish you success." The question must be, "In what way can I help you along?" The battle is gained by the commander who springs forward and calls upon the others to *follow*; not by him who stands in the rear and tells them to *go on*. So must it be with Reformers, each division acting as leader to the others. We must stand side by side; we must advance together; we must feel that each battalion is sustaining the other, and a spirit of emulation must urge each man to be first on the ramparts of the enemy. Then will our front be dauntless: then will our march be irresistible: then and then only will we be able to say—THE VICTORY IS OURS.

CLOSE OF THE SECOND SESSION OF THE METROPOLITAN.

THE Second Session of Metropolitan Medical College closed on the 13th inst. We were pleased to have so many of our friends from a distance with us, and to see them manifest such interest in our success. The examination of the graduating class was conducted in presence of the Board, and many of our friends composing the Botanic Medical Society of the State of New York.

The facilities of attendance on all the hospitals in this great metropolis, together with the free access to the museums and surgical clinic, have given our students those advantages which all our Reformed Colleges have so much needed, and which will enable our students hereafter to stand beside the graduates of the best Old School Colleges, and share with them the surgical practice which has been almost wholly monopolized by them.

The only matter of regret that we have to mention, is the disappointment in the services of Profs. Bankston and Coxe, as the rebuilding of the Southern College required their attention in Macon. The six chairs were

filled however by *four* professors, who occupied the hours during the Session. The aid of Dr. Cook in filling the chair of Physiology and part of that on Obstetrics was opportunely obtained by the Trustees. We are pleased to know that our students left us well satisfied with our course, and earnestly interested in our future success.

The next number of the Journal will contain the Circular, and the announcement for the next course of Lectures. Some changes will be made in the Faculty, as we shall have to depend on the assistance of those nearer at home, and who will not be so liable to disappoint us.

The graduating class consisted of the following gentlemen.

NAMES.	STATE.	THESES.
Wm. J. BROWN,	Georgia,	Phthisis Pulmonalis.
JAMES J. PARK,	"	Ascites.
Wm. J. W. PURNELL,	Delaware,	Menstruation.
MORTON ROBINSON,	New Jersey,	Fistula in Ano.
JOHN TATE,	Connecticut,	Variola.
HERBERT FEARN,	New York,	Varicella.
PAUL SMITH,	Alabama,	Medical Reform.
M. HELDT,	North Carolina,	Febris.
JAMES BOYD,	New York,	Hepatitis.
ROBERT ROGERS, M. D.,	Georgia,	
I. MIDDLEBROOKS, M. D.	"	
J. R. SWEET,	New Jersey.	

The last three were honorary degress, and besides these, quite a number of our practitioners in various parts of New York and New England who have been for some years in the practice, and who have gained a reputable standing in the profession, were recommended to the Board and received the honorary degree of Doctor in Medicine.

The Theses written by our graduates were of a superior order, and we hope to give our readers the privilege of reading some of them, or extracts from them, in the future numbers of the Journal.

I. M. C.

THE STATE SOCIETY.

THE State Botanic Medical Society convened in Botanic Hall on the 13th of June, as was announced, and continued in session for two days. About thirty members were present from different parts of the state, which, with those resident in the city and those from the state society of Connecticut made a very full meeting. The wisdom that accompanies silvered years and the ardor that fires more impetuous youth held pleasant council together. The whole session was marked by a spirit of earnestness and zeal. Nume-

rous short addresses were made, some dissertations read and anatomical preservations exhibited, all tending to give a lively interest to the occasion. Harmony and good-will prevailed, and we have not been at all disappointed in our expectations of having a happy time. All the spirit of bygone years has been reawakened, and we have recovered from the stunning effects of the dissensions brewed by ambitious characters. Our ship is again righted, every sail is squarely set, a stiff steady breeze is in our favor, and *we* are going *onward*, let others go where they will.

The proceedings will appear in our next number.

THE MIDDLE STATES SOCIETY.

THE Middle States Medical Reform Society recently held its annual session in Philadelphia, and the meeting seems to have been well attended and very interesting. The chief item accomplished was the union of the Society and the Faculty of the Eclectic College in Philadelphia, the Society throwing their influence in favor of this Institution. We are ever pleased to notice such unions and amicable adjustments, and most heartily wish for the success of the present compact. And we are the more hearty in bidding God-speed to this union, because they join hands upon a clearly defined platform of principles. This platform is nearly word for word, but especially idea for idea with the Baltimore Platform of '52, and we only wish that our Middle States friends had gone a little farther and adopted *all* the articles of the Baltimore Platform. We are also right glad to see that our esteemed friend Palemon John, is heartily in favor of this medical code, though he so thoroughly dissented from it when adopted in Baltimore in '52. Success to the Middle States Society.

MAY SESSION CONN. BOTANICO-MEDICAL SOCIETY.

SOCIETY convened pursuant to adjournment, Vice President in the chair. The Secretary's record of the previous meeting was read and accepted.

Professors Comings and Cook were received as delegates from the Metropolitan College.

On motion it was

Resolved, That Professors Wm. H. Cook and I. N. Loomis be and hereby are each awarded Honorary Diplomas, and by this vote constituted Honorary Members of this Society.

After several reports of committees, having reference to the private business of the Society, the following Resolution was presented for discussion :

Resolved, That from the date of this present session of the Connecticut Botanico-Medical Society, no Diploma shall be awarded to students, unless such students shall have studied with some diplomatized Physician of the

Reform Practice, in good standing, for at least two years, and also shall have attended at least one course of lectures at the Metropolitan Medical College in the city of New York ; and in case such Diploma is awarded, the Censors shall unanimously recommend an additional course or courses at the same Institution.

The above resolution elicited a warm and interesting discussion in which a majority of the members joined. At the conclusion of the debate it was passed without a dissenting voice.

On motion, voted :

That the Committee of conference, appointed at a previous meeting to confer with a like committee, appointed by an unauthorised body terming itself the "Conn. Physo-Medical Society," be and hereby is discharged from farther action or consideration of any question or questions, or any matter of business which may have been entrusted to them.

At the commencement of the afternoon session, the Society listened to an address from Prof. I. N. Loomis, eloquently delivered in warm and earnest language, on "The Prospects of the Cause and the Mission of Reformers."

At the close of Prof. Loomis' address it was, on motion,

Voted, To proceed to the choice of Officers for the ensuing year.

The ballot resulted in the choice of

WILLIAM K. OTIS, M. D., *for President.*

E. G. SNOW, M. D., *Vice President.*

T. S. SPERRY, M. D., *Recording Secretary.*

A. JUDSON JACQUES, M. D., *Corresponding Secretary.*

T. J. SYMONDS, M. D., *Treasurer.*

FOR CENSORS.

ISAAC J. SPERRY, M. D.,

HENRY A. ARCHER, M. D.

F. P. COE, M. D.

J. C. EATON, M. D.

On motion, voted, that the Society recommend to the Trustees of the Metropolitan Medical College some suitable person or persons as Professors in said College.

In accordance with this vote, Drs. I. J. Sperry and H. A. Archer were so recommended.

On motion, voted

That a special meeting of the Conn. B. M. Society be held in Meriden on the first Tuesday in October, 1854.

On motion, voted that Drs. T. S. Sperry and J. J. Jacques be and hereby are appointed to address the members and the public on the occasion of the meeting aforesaid.

On motion, voted that this Society recommend to its members and to the Reformed Profession generally the *substantial en uragement* and patronage

of the Journal of Medical Reform, edited by Dr. Wm. H. Cook in the city of New York.

On motion, voted that every member of this Society is hereby appointed one of a Committee of delegation to attend the commencement of the Metropolitan College, in the city of New York, on the 13th of June.

The balance of the business was all, or nearly all, relating to the private management and government of the Society, excepting the report of the Censors, who awarded Diplomas to W. T. Brown, and Morton Robinson, students of Metropolitan Medical College, who were also admitted as members of the Society.

T. S. SPERRY, M. D., *Recording Secretary.*

DONATION.—It gives us great pleasure to thank Messrs. Kieth & Co., of Houston Street for their very liberal donation to the Museum of Metropolitan College. This consists in the presentation of a full set (forty articles,) of the active concentrated principles manufactured by them in their Chemical Institute. Each article is neatly bottled and labeled, and the set makes a very pretty and very desirable addition to our Botanic specimens. The Messrs. Kieth are enterprising gentlemen, and have launched largely upon the manufacture of the concentrated remedies. They are in a fair way of realizing a fortune from their investment.

OUR CONTENTS.—Thus far we have devoted a goodly share of our paper to selections, most of which came from the pages of Allopathic periodicals. Some of our friends have found a little fault with this, saying that they prefer to have more communications from our own ranks. We agree with them most decidedly, and though we have given no Allopathic selections but such as could be safely read and remembered by the Reformer, we yet wish to make this Journal a Journal for our own people. But in this matter the fault lies with those who complain, for they have been quite too dilatory in sending us communications. We desire to have every page filled with original matter, but cannot do so unless our friends send it to us. There are not a dozen men in our profession but can report cases and pen ideas that would be interesting to our readers, yet we never got a line from them.

No doubt many are deterred from sending us such communications, thinking that they would not be readable. We think this is an uncalled for modesty, for we have never yet met the Reformer who could not tell us cases, and thereby keep us interested for hours, and to write is simply to talk on paper.

We hope that every Practitioner will consider himself to be a Corresponding Editor of the Journal, and act accordingly.

THE Journal of Medical Reform.

AUGUST, 1854.

Original Communications.

HABIT.

BY LYDIA J. PIERSON.

(Concluded from our last.)

WHETHER the habit of eating without hunger, and drinking without thirst, is the principle cause of the unhealthy action of so many stomachs, I shall not pretend to decide,—but that many persons suffer unnecessarily from constipation of the bowels, I will assert. In many persons, especially those of sedentary occupations, the calls of nature are seldom imperative, and are put off, for lack of time, or mere indolence, until constipation becomes habitual, and health is undermined.—Now almost every person may induce regular daily action of the bowels, by simple habit. Costive persons should drink a glass of cold water as soon as they are dressed in the morning. If it occasions a momentary nausea be sure it will do good. Then attend the first indication of nature, or if there be no distinct indication, follow the example of the destitute man, who would have a clean plate, and “go through with the motions” of eating his supper, and you will soon attain a regular habit. But on all occasions, beware of violent efforts, for these occasion prolapsus ani, and innumerable evils, and are wholly unnecessary.

When we consider that inaction of the lower bowels retards the labor of the stomach, and so destroys the digestive apparatus; embarrasses the action of the liver, and other glandular viscera, thus inducing jaundice, headache, and all the evils of dyspepsia, that demon whose name is legion, and which renders its victim miserable and disagreeable to himself and every body else, for it is almost impossible to love the person or society of a dyspeptic, with the eternal complaining, indelicacies, and unreasonable peevishness of the demon, which so many vainly endeavour to cast out by means of active and long continued cathartics, until having thoroughly untuned the bowels

and reduced the system beyond reaction, the poor victim dies of that scape goat of imprudence, fool hardiness, and the doctor's *consumption*,—I say when we consider all these evils, and how many persons, who ought to be beautiful, affectionate, loving, blessing and beloved and blessed, are dragging out a wretched and worthless existence, pale, hallow eyed, emaciated and fretful, wishing themselves in the grave, to which wish the nearest friend is sometimes tempted to answer, amen, and when all these evils may be obviated by a simple attention to an easily acquired habit, we see the importance of a word spoken in due season.

Again, many persons suffer from unhealthy habits of position during sleep. From having the bed stand a long time in one place, or from having a bed fellow, and always occupying the same side of the bed, they contract a habit of lying on the right or left side, which becomes so confirmed that they assure you they cannot sleep in any other position. Now to lie always on one side, during sleep, is a pernicious habit, especially to growing children, and essentially to all. The side which rests on the bed, and which supports the superincumbent weight of the body, gets an undue proportion of heat, and the nerves and bloodvessels are compressed at the same time, thus unbalancing the circulation of the system. Now if the body is kept in this one position, six, eight, or more hours, out of every twenty-four, it must certainly sustain permanent injury. I am certain that derangements of the liver, diseases of the head, and severe nervous disorders, are induced in many instances, by the habit of always sleeping on one side. The brain too suffers, and hemicrania, melancholia, monomania, and even insanity, may sometimes be traced to this foolish habit, as well as personal deformities, and innumerable chronic pains.

It seems to me evident, that nature intended that we should lie on our backs to sleep. It is the position most favorable to straightness of spine and limb, and it leaves all the internal viscera most free to act in a healthy manner. If ever you find yourself shivering and aching, curled up under insufficient bed covering, just turn on to your back, straighten out, cross your hands low over the abdomen, letting your elbows rest on the bed, at your sides; and you will soon find yourself comfortably warm, feet and all. Most of us, however, sleep lying on the side, and some call this a natural position. But at all events we should change sides, and keep the chest as little encumbered as possible. If I lie on my side inclining forward, with the upper arm falling so as to compress the chest, the first approach of drowsiness brings with it a hideous array of monstrous forms, and horrid faces; and as slumber deepens, the lungs seem to forget their functions. I cease to breathe, and finally struggle back to life from a fearful feeling of suffocation. I suffered years from these inflictions before I discovered their cause, others may suffer and never be so fortunate as to find the root of the evil.

But I must leave the rest of my "Habits" to a future discussion, begging your indulgence for my tedious prattle, and so writing myself your fellow laborer for humanity.

CUTANEOUS DISEASES.

BY PROF. I. M. COMINGS.

Eczema.—The next disease to which I call your attention is very much like herpes, but it differs from it in having little or no inflammation. The eruption of *eczema* is larger than *miliaria*, but resembles it in other respects. It is produced in most cases, by mercury, and hence it is an eruption peculiar to those who have taken this poison. It is sometimes very severe, extending over the whole body, and proving fatal. We find the mucous membrane affected, and there is almost always a cough. The throat is more or less affected, and there is frequently vomiting and purging.

There is a species of this disease, called, *eczema impetiginodes*, which runs into a pustular form, and then it is liable to become chronic, and may last a considerable time. This form does not have the same amount of inflammation as the *eczema rubrum*, which is produced by mercury. It resembles impetigo very much, and is classed by most writers as this disease.

The vesicles of this form are quite purulent and soon break, and the fluid concretes into soft, yellowish, and often extensive scales, or their crusts. When these fall off, they leave red surfaces, exuding a redish fluid, which dries into their laminae. The eruption is commonly confined to a particular part, or even a single spot. Occasionally, however, it occurs over the whole body, and is attended with considerable fever. This disease may continue from ten to twenty days and upwards. The vesicles are transparent at first, and become pustular afterwards. This variety also sometimes assumes a chronic character, resembling then, the chronic state of *eczema rubrum*, or more appropriately the *eczema mercuriale*.

There have been some instances in which this disease is said to be contagious, and to have been communicated from one to another by protracted contact. It is said sometimes to be caused by direct irritating applications to the skin, as blisters sinapisms, turpentine, the rays of the sun, dry frictions and irritative ointments.

This affection often resembles the itch at first. But we may distinguish it by the following circumstances. In *eczema* the vesicles are flat or rounded: in itch they are pointed: in the former they are nearly or entirely in contact with each other: in the latter they are single and considerably separated. The itching of the *eczema* is attended with smarting pain, in itch the pruritus is rather agreeable than painful.

Treatment.—The treatment of this form of disease, does not differ from that of other vesicular eruptions. If it has been caused by mercury, we should use especially the vapor bath and emetics with alterative treatment.

It is well to give the patient the utmost supply of fresh air; to open the windows and doors and to ventilate the room as much as possible. As the smell from the discharge in many cases is very

disagreeable, it is well to sponge the surface often with alkaline solutions, and use every means to keep the patient perfectly clean.

It is necessary to support the strength : to give nutritious broths, plenty of milk and use every means to keep up the strength of the patient : hence we must beware of drastic purges, but use enemata, or very mild aperients.

In severe cases, where the eruption is extensive, a wash made of a strong infusion of lobelia, bayberry and bloodroot, will be found to be beneficial. Diaphoretic teas may be administered during the treatment.

PSORA OR SCABIES,—ITCH.

This disease is named as above, from the Greek *psora* and Latin *scabies*. It is first seen about the thumbs, the wrists and ancles, and between the fingers and toes. Particularly however at the roots of the thumbs. If it is not there there may be a doubt whether it is the itch or not. It breaks out on the front of the body, on the chest and in the axilla. It seldom or never shows itself in the face. The reason for this remarkable fact we are unable to devine. This disease is attended with an intolerable itching. King James I. of England is said to have observed that, no subject deserved to have it, on account of the great pleasure derived from scratching the affected parts. I presume however that the king's *subjects* were perfectly willing that this *pleasure* should be alone enjoyed by kings.

This affection may last for years, as it seldom tends naturally to a cure, or at least the efforts of nature are seldom successful. It is attended with no danger except to young children.

There has been considerable dispute among our physiologists, respecting the cause of this disease ; but it is now ascertained to be the presence of an insect, the *acarus scabie*, at least the insect is always found in the vesicle, though some even now contend that it is formed after the vesicle, and is rather a consequent than a sequent of the disease. Some Italian and French physiologists have declared that the *acarus* is to be found not in the vesicle, but at the end of a small reddish furrow, sometimes straight, sometimes crooked, about two lines in length, which begins at the vesicle, and finishes with the insect. A minute subcuticular spot is often perceptible near a distinct vesicle : on raising the cuticle with a pin, a small white corpuscle, which moves when lifted with the point of the pin, becomes visible this is the *acarus*. It is contended therefore that the serosity in the vesicles does not appear sufficient to produce the itch, but that the *acarus* immediately produces the vesicle. Though this is not a dangerous disease, yet it is a very troublesome one ; and it is held in great abhorrence. If we tell parents that their children have got the itch, they are often indignant, or hold up their hands in horror, as though they had the small pox.

This is an exceedingly contagious disease, though it cannot be communicated by the atmosphere ; requiring contact. It is more

commonly caught by sleeping with a person laboring under it, than by any other means.

If the eruption is of a watery character, the disease is called scabies *lymphatica*; if it is very rank and resembles pimples, it is called scabies *papuliformis*. These distinctions are not very important. It is well however to know that this disease is sometimes characterized by large flat looking pustules; resembling any thing but the little vesicles which are seen in other cases. This is called, in common language *pocky* itch, or scabies *purulenta*. This form may be mistaken for something else; but if these pustulous eruptions are seen about the roots of the thumbs and between the fingers and on the back of the hands and wrists, we may be pretty certain it is psora.

Treatment.—The treatment consists in destroying the acarus as soon as possible. According to experiments made by M. Albin Gras, a concentrated solution of the hydriodate of potash kills this insect in the shortest time. It lives sixteen hours in vapor of burnt sulphur, three hours in water, two hours in olive oil, one hour in the acetate of lead, one hour in pulverised brimstone, three quarters of an hour in lime water, twenty minutes in vinegar and spirits of wine, and only from four to six minutes in a solution of hydriodate of potash. The ointment of this substance, in the proportion of about half a drachm to an ounce of lard may be considered as the best application to the affected part. We may also take half a drachm of the sulphuret of lime, mixed with a little olive oil and rubbed upon the palms of the hands twice a day, for ten or fifteen minutes each time, will also affect a cure. If this affection runs on for a long time it may produce a derangement in the constitution, and it will be necessary to use some general treatment. Ulcers and sore of various kinds result from this affection.

Sulphur is considered a specific for this disease. Five or six parts of Lard to one of sulphur rubbed over the affected part will cure in a few days. As this application is objectionable on account of the smell, it can be almost wholly disguised by a little lemon oil.

Perfect cleanliness must be enjoined, as the want of this often causes it. The Liquid amber (sweet gum,) of the South or the *Rumex Crispus*, (Dock,) will produce a cure as soon as any thing else.

ACUTE BRONCHITIS.

BRONCHITIS, (frequently known as Congestion of the Lungs and Peripneumonia Notha,) is an inflammation of the mucus membrane of the Bronchial tubes, extending to the Lungs, and involving them in a very serious congestion. It is most common to young persons and infants. Its course is divided into three stages. In the first stage the mucus membrane is swollen, dry, hot and glairy on its surface. In the second stage there is a copious secretion of very tough and viscid mucus, which causes a marked narrowing of the

Bronchial passages. During the third stage this mucus is mixed with various colored opaque spots, the result of suppuration and ulceration. Death occurs in consequence of the unexpectored mucus filling the tubes and excluding the ingress of air. Being a disease of great seriousness, it demands most prompt treatment whilst in the active inflammatory stage, and very careful nursing during the convalescence. Any neglect during recovery may be followed by most serious pulmonary difficulties.

Symptoms.—1st. stage. Great oppression and sense of constriction through the chest, yet not much actual acute pain; severe wheezing cough, but no expectoration; *intense pain in the forehead, which is much increased by coughing*; respiration short and labored, often very difficult; strong symptoms of dyspnoea, but little febrile action; countenance pallid; respiratory sound whistling. The duration of this stage varies from six to forty-eight hours.

2nd. stage. Respiration now becomes easier, in consequence of the transudation of fluid upon the surface of the bronchial membranes; free expectoration of white, semi-transparent, frothy and very tenacious mucus; dull deep pain in the chest, but the feeling of constriction removed.

3rd. stage. Expectoration streaked with matter of a green, yellow or brown color, sometimes bloody; occasionally the whole sputæ are green or brown; the stethoscope gives a large crepitous sound, which is caused by the air bubbles mixing with the mucus which collects in the tubes.

Treatment.—In many cases, Bronchitis amounts to simply a *cold*, and needs no other medication than a few good draughts of warm Composition tea, with a little nursing. But in cases where the Physician is called, he will be likely to find the symptoms violent, and the difficulty serious. In such cases, the treatment must be prompt and efficient. The objects to be kept in view are, 1st. to determine the blood to the surface and extremities, and thus relieve the stagnation of the pulmonic capillaries, 2nd. to promote free expectoration as early as possible.

A thorough vapor bath will be found of very great efficacy during the first stage, and mild vapor baths, or tepid spongings may be used daily through the active period of the inflammation. The addition of an alkali and some mustard, will give an increased value to the ablutions.

During the first stage, an emetic is admissable, especially during the earlier hours of this stage. As it advances to the second stage, emesis is not advisable, and should not be used at all during the second period. The third preparation of Lobelia is a very suitable form for an emetic.

Very great dependence is to be placed on stimulating diaphoretics through the whole attack. An infusion of six parts aselepias and one of bayberry is very appropriate. The Composition powder, or Eupatorium with small proportions of Virginia Snake root, are

valuable diaphoretics. All such infusions should be used warm, and given with sufficient freedom to keep up a gentle perspiration.

Stimulating expectorants should be used plentifully even from the beginning of the attack. Seneka Snake root, Wild Turnip, Colts-foot, Lobelia and ginger are among the most valuable of this class of remedies. One or more of them may be employed, either by themselves or combined with the Diaphoretic infusion. Lobelia to the point of moderate and continuous nausea, exerts much beneficial influence.—The bowels are to be kept soluble by enemata or mild laxatives, but active catharsis is not admissible at any stage.

A tea of Balm, Catnip, Sage or ginger may be used as a common drink.

When the acute inflammation has subsided, treat with pulmonary balsams, expectorants and alteratives. White pine bark, Tamarac and Spikenard make an excellent syrup. Balsam of Tolu and Syrup of Ginger are very fine. The Mallows and Maidenhair are good demulcents in connection with the spikenard. A decoction of Lungwort, Boneset, Yellow Parilla and Beth root is a valuable preparation during convalescence.

INTRODUCTORY LECTURE ON JURISPRUDENCE.

BY PROF. H. S. LINCOLN, A. M.

LAW is said to be “a rule of civil action, prescribed by the supreme power of a state, commanding what is right, and prohibiting what is wrong.”

Medicine or Physic, is the art of preventing, curing, or alleviating disease. These two definitions comprehend those combinations of those branches of law and medicine which arise for medico-legal investigation.

Medical Jurisprudence is that science, says Beck “which teaches the application of the practice and principles of medicine to the elucidation and settlement of doubtful questions arising for investigation in courts of law.” It is not a little surprising that so learned an author, and he is supported by others, should have given so loose and incomplete a definition of this science.—The “elucidation and settlement of doubtful questions arising for investigation in courts of law,” includes, of course, *all doubtful* questions, no matter upon what subject, whether the probate of a will, the construction of a deed, a breach of warranty, or breach of marriage promise, and as in law *all questions may be considered doubtful*, the definition applies to every thing.—The absurdity of the definition needs no further comment.—The definition should properly extend only to medico-legal questions.

Traces of this science are found from the earliest period of civil society. The Jews established a distinction between mortal wounds and those not necessarily mortal. The Egyptians, according to

Plutarch, ordained that no pregnant woman should suffer death, and the Romans from the early period, when Numa Pompilius flourished, founded many laws upon the authority of physicians and physiologists. One of their gravest legal maxims was "*propter auctoritatem doctissimi Hippocratis.*" The Emperor Adrian extended the period of legitimaey from ten months (the period fixed by the Decemvir) to eleven, on the authority of the physiologists.

After the assassination of Cæsar his mangled remains were examined by Antistius, and out of twenty-three wounds he had received, it was found but one was mortal—that one had penetrated the thorax between the first and second ribs.

The Justinian Code contains many provisions which have been embodied in the laws of nearly every civilized country. But they were reduced to no system in medical Jurisprudence till a period much later than the promulgation of the code. The diagnostics of medicine at that time were vague and uncertain, and incompetent for reduction to a system.

Charles Fifth, Emperor of Germany, first ordained that Physicians should be examined as experts in courts of law, after the middle ages. In the celebrated criminal code which was formed by him at Ratisbon, in 1532, says Beek, "and which is known by the name of the 'Constitutio Criminalis Carolina,' or the Caroline Code, it is ordained that the opinion of medical men shall be formally taken in every case where death has been caused by violent means."

The importance of such an ordinance soon received the attention of the kings of France. Italy, the land of the beautiful, the home of poesy, the cradle of art, and seat of science, was one of the earliest countries in systematising and advancing medical Jurisprudence. Germany, too, in this branch of learning has done honor to her intellectual character and the splendor of her scientific achievements.

England was much later in producing writers upon this subject, but has contributed many valuable productions. The first English work of note was by Paris and Fonblanque, about 1823. More recently, Professor Christison and Dr. Taylor have produced the ablest works on poisons, and Dr. Guy's Forensic medicine is an ornament to its class. But Orfila of France has produced the most copious and probably the ablest work upon poisons, particularly upon the subject of tests.

The tardy advancement of this science and the very late period at which it first received the particular attention of schools and universities, is a matter of some wonder. The first professor of medical Jurisprudence appointed in any British university was Dr. Andrew Duncan, in 1806. The Fox ministry from which he received the appointment, was much reviled for the act. In the House of Commons, June 30th, 1807, Mr. Percival in moving the renewal of the finance committee, took occasion to attack the abolition ministry which had just been turned out. He said, "He should not dwell in detail upon all the acts of the late administration, but he confessed himself

at a loss to understand what they could mean by the appointment of a professor of Medical Jurisprudence. He acknowledged that he was ignorant of the duties of that professor, and could not comprehend what was meant by the science he professed." On the same day Mr. Canning said, "He could alone account for such a nomination by supposing, that after some long debate, in the swell of insolence, and to show how far they could go, they had said, we will show them what we can do, we will create a professor of Medical Jurisprudence."

There is at present a striking defect in the system of teaching this science. There is not sufficient importance attached to it in the schools, and it is too frequently taught by Physicians, instead of lawyers, who know less of law than lawyers do of physic. It is in a legal view alone that it deserves any importance as a distinct branch of learning. All its medical aspects are sufficiently treated under the various courses of medical lectures. It is a legal application that gives it separate importance, and its instruction should always be the province of a legal mind.

The subject of feigned diseases is one of the most importance, as well as difficult and curious. There are three principal classes of individuals who feign disease. Soldiers, from fear of danger, criminals to escape punishment, and females to hide their shame, feign nearly all the forms of disease to which humanity is subject. In this country disease is rarely feigned except by criminals. It has been most common in France. Fodere, a distinguished French physician, said that during the conscription, feigning was carried on with such skill it was more difficult to detect a feigned disease, than to cure a real one. During the wars of Napoleon it was carried to such an extent, on account of the immense slaughter of his battles, that it was said to have endangered the strength of his army.

Galen, when once about starting on a long journey, discovered his servant had suddenly been seized with an inflammation of the knee, and the servant declared himself unable to proceed. Galen made inquiry concerning his affairs, suspecting something peculiar, and learned that the servant was devotedly attached to a young woman in the neighborhood, from whom the journey would cause a long separation. Upon examination it was found that an irritating poisonous plant had been applied to the skin causing the knee to swell. This may be considered an extraordinary case, inasmuch as attachments to young women, in this country, generally produce a swelling of the heart, instead of the knee, and a proportionate contraction of the understanding.

Dr. Cheyne attended a soldier who was said to be in a chill of intermittent fever. The doctor found him shaking violently, but upon uncovering him he was found not in the cold, but in the *sweating* stage produced by his exertion to shake.

Tradition has it that a distinguished soldier in one of the late wars of this country fainted on the field, but tradition is not always re-

liable. The physician is often called to testify in courts of law as an expert or skilled witness.

The first duty of a skilled expert witness is to become perfectly familiar with all the circumstances attending the injury or the death and post mortem examination. Every circumstance, every incident, appearance or indication should be carefully observed and noted down, for no one can foresee the importance a very trivial incident in itself, may have in connection with others in forming a chain. The last grain determines the poise.—*Facts* should be carefully observed, because the medical witness is both a common and a skilled witness, he applies and explains facts and gives his scientific deductions therefrom, and his opinion as a man of skill. His duty in this respect is often a responsible, and solemn one, perhaps determining the issue of life and death. But whatever the consequence, he should always be vigilant, cautious, impartial. Like the juror, with consequences, if he be truthful and discreet, he has nothing to do. He gives his opinion, the court applies the law, the jury renders the verdict, the court pronounces the sentence.

The duty next in importance of the skilled witness, is to state his opinions and explanations, as well as facts, in simple, concise, common language, as free as possible from technicalities and scientific terms. If he departs from this he is likely not to be understood by the jury, perhaps not by the court. The solemn tribunal of law, where life or liberty are the issue, is not the place for pedantic display. *Metaphorical* expressions should be particularly avoided.

In cases of death where there is any reason to suspect violence or criminality has been concerned, an examination of the body should be made as soon as possible after death—examination by cautious and skillful physicians. By this I do not mean a *Coroner's inquest*. These are rarely of any practical use or value, are generally conducted by reckless mercenary officials, with a jury of men picked up at random, often without virtue or intelligence, they are always a solemn mockery, and frequently a careless intruder upon the house of mourning. Coroners are too frequently party politicians, more eager for the fee than for truth or justice, often almost wholly unacquainted with the science of medicine, and wholly unfit for the discharge of such duties.

I once had occasion to cross-examine an ex-coroner of this city, who was brought into court as a skilled witness in a case requiring great learning and experience. He testified that he had read *one book*, but that he formed his opinion from the opinion of another M. D., who had been examined before him in the same case. He was a man more distinguished for the *number* of inquests he had held than for the ability with which he discharged his official duty. He swore positively that he held the inquest in the case then under consideration *after* the individual was *dead*, and inasmuch as he was corroborated by the testimony of two unimpeached witnesses, I am inclined to believe he told the truth. Inquests as now constituted

should be abolished, and inquests constituted exclusively of physicians, who should be paid for their services. Grand Juries are another institution which I have not room to consider, neither does my subject demand it, but which I candidly assert ought also to be dispensed with. They are inconsistent with themselves, and with the intelligence of the age.

The physician's duty calls him more frequently than any other person to witness the solemnities of the death bed. He is generally present, if any one is present, when the last words are uttered. He if any one, is there calm and collected, and capable of observing and remembering the dying words; and here another duty develops upon him. Those words should be by him carefully noted and retained, they may be of the utmost importance in a legal investigation. The solemnity of death when hovering about the patient when all hope of life is cut off, the law presumes has removed all notions for falsehood and removed him beyond all wicked designs, and the law therefore has given to such influence the solemnity of an oath. If the person is conscious he cannot recover, and must die soon, his statements are admitted in evidences with the same effect as those of a witness in court.

Books are the foundation of the physician's knowledge. But with all the learning of the books alone no man can become a safe and skillful practitioner. He has much to learn from experience. Experience without books, may be more available than books without experience. Both must unite. A wise man avails himself of the experience of others: and of that experience the books are made.

In a legal view the identity of person is a subject often most difficult and curious. Some very remarkable cases have been reported, showing the extreme liability of a witness to mistake. In 1827, a few months after the disappearance of Morgan, the freemason who was supposed to have been murdered, a body was found on the beach of Lake Ontario, appearing to have been several months dead, an inquest was held upon the body, and a verdict that the deceased's name was unknown, and that he came to his death by drowning. A rumor was soon after started that it was the body of William Morgan. The body was disinterred, a second inquest held, Mrs. Morgan, the widow, was present, and testified that the size, form, complexion, features, hair, and every thing but the dress, resembled exactly those of William Morgan, and that the deceased was positively the body of her husband. A verdict was rendered accordingly, and the body was again buried, a few weeks subsequently a reward was offered in Canada for the body of Timothy Monroe who had been mysteriously absent for several months. His description corresponded with that of the body found, and a third inquest was held, when it was proved beyond a doubt that the body was not that of William Morgan but the body of Timothy Monroe. The identity was determined by the dress and some papers in the pockets.

The modern institution of life Insurance companies has given a

new field for the exercise of medical skill. This institution was first introduced into this country in 1818, when the Massachusetts Hospital Life Insurance and Trust company was incorporated. The New-York Life Insurance and Trust company, organized in 1830, was about the earliest company in this state. Upon these companies fraud is very often practiced by persons in ill health or afflicted with some fatal but slow disease, insuring their lives and concealing their infirmity. This has become a subject of frequent litigation. The most absurd case that has met my attention, is said to have occurred in Boston. An old bachelor, unmarried, miserly and miserable (bachelors are not all miserly or miserable,) insured his life for his own benefit, and then committed suicide to get the money.

(To be Continued.)

PHTHISIS PULMONALIS.

EXTRACTS FROM THE THESIS OF WM. T. BROWN.

PULMONARY CONSUMPTION is one of the most prolific sources of mortality to the human race, and has been justly styled the opprobrium of the Medical Profession. We see it day after day cutting off individuals of every age and sex, and spreading its ravages through the ranks of gayety, fashion and folly; yet in the more humble walks of life, where the busy hum of labor is heard, it is a less constant visitor. We are to consider it as one of those hereditary diseases, which are handed down from one generation to another; and though it is an inheritance by no means to be desired, it comes without will or testament, and thousands are forced to look upon it as their almost inevitable fate. Women are more frequently its victims than men, which may be partly owing to the in-door life they lead, and partly to the habit of wearing corsets, which prevent the expansion of the chest. But it is my opinion that they are constitutionally more subject to the inroad of phthisis than man. For Physiology shows us that there is an appreciable difference between the blood of the two sexes, that of the male being richest in solid contents, especially in red corpuseles, also having a greater specific gravity than that of the female. These facts prove to us that woman has less vital and resisting power than her more hardy companion.

The causes which produce Consumption are numerous and very various; it is essentially a hereditary and a chronic disease, yet many circumstances favor its developement and rapid fatality. It is found in almost all climates, but by no means in an equal degree of frequency. A cold, damp and variable climate is both a predisposing and exciting cause, and it would seem that the number of deaths by pulmonary tubercle diminishes in a direct ratio to the mildness of the region. In the cities of the northern States, many hundred die of Consumption every year, but in the states bordering upon the Gulf, in Mexico, and like Southern localities it is scarcely known. In the

middle regions, spring and fall are most favorable for its development, for at these seasons there is a greater prevalence of cold and dampness.

The remark has frequently been made that near the sea there are but few consumptive cases, but this opinion needs to be modified, for it depends greatly upon the extent to which it is exposed to sea storms: for these situations that are most open to the North-East sea winds of winter are fruitful of phthisical difficulties. Atmospheric variation has unquestionably much to do in the causation of tuberculosis; and those who live in unventilated rooms, or where numbers are crowded together in a small space, suffer most from consumption. If animals are kept in crowded, ill ventilated and badly lighted apartments, they speedily sicken. The horse is attacked with glanders, fowls with pep, and sheep with a disease peculiar to them, if they be too closely folded.

Many diseases also tend indirectly to cause consumption, as variola, Rubeola, and Syphilis; many employments which expose the lungs to dust as, millars, stone cutters, needle pointers, &c., &c.; and employments that fill the atmosphere with the fumes of minerals, as manufacturing of lead, and the various pigments; violent passions, despondency, and intense study without sufficient active exercise are fruitful in laying a foundation for Phthisis.

This disease manifests its presence by a large assemblage of symptoms, the most prominent being cough and obstructed perspiration at the commencement, and hectic fever with expectoration as it advances. In some individuals these symptoms are so prominent as to attract the attention of the most careless observer, whilst in others they are so trivial as scarcely to be observed by any but the medical attendant, and occasionally not even by him. In the first stage the symptoms are merely those of catarrh, as cough, dyspnoea, languor, &c. The cough is generally slight, and referred to a tickling sensation in the trachea. The expectoration is scanty, is a nearly transparent mucus, at times containing dots of blood. Along with these, there is generally pain occupying the scapulo-humeral articulation, with a tenderness of the subclavicular region. Inspection of the thorax commonly shows an enlargement of the antero-posterior diameter of its summit, owing to the deposition of tuberculous material, which oftenest is made here. Under such circumstances the inspiration will be less full and free than natural, and under the clavicle the expiration will be heard more audible, and the resonance of the voice greater than is natural. The subjacent arteries, below the clavicle, are heard unusually clear.

At this stage (the third,) the expectoration of tuberculous matter becomes copious, the feet and ancles are at times œdematous. The shoulders are found to be raised and brought forward; the clavicles are unusually prominent; the chest is, as it were pushed upward at each inspiration, instead of expanding laterally. Auscultation indicates that there is no respiration in some parts of the lung, the

bronchial respiration is uncommonly loud, so as to be even trachæal or cavernous. The patient's eyes are hollow and languid; the hair sometimes falls off, and the nails turn of a livid hue. The senses commonly remain perfect to the end, and the mind is full of confidence and hope until the tide of life ebbs apace, and death closes the sad scene.

PROCEEDINGS OF THE STATE SOCIETY.

FIRST DAY.

THE fifth annual meeting of the New York State Physio-Medical Society was held in the lecture room of Metropolitan Medical College, June 13th. The meeting was called to order by the President, Dr. Stone, when the Secretary read the proceedings of the previous meeting, and the report was accepted.

The Constitution of the Society was then read, and on call being made, five physicians came forward and enrolled their names on the books of the Society.

The following gentlemen were then, by vote, made Honorary members.—R. Rogers, M. D., M. Robinson, M. D., W. J. W. Purnell, M. D.

On motion the president appointed Drs. Mattocks, Goodrich, Rivenburgh, Wilcox and Brown a committee to nominate Officers for the coming year, which committee reported as follows, the report being unanimously adopted.

DR. JASON GOODRICH, *President*,
 “ A. DOOLITTLE, *Vice President*,
 “ H. M. SWEET, *Recording Secretary*.
 “ I. M. COMINGS, *Corresponding Secretary*.
 S. B. VAIL, ESQ., *Treasurer*.

FOR CENSORS.

DRS. S. WILCOX, L. D. STONE, E. J. MATTOCKS,
 W. H. COOK, I. M. COMINGS.

FOR TRUSTEES.

DR. A. DOOLITTLE, DR. C. V. RIVENBURGH,
 “ H. M. SWEET, “ E. J. MATTOCKS,
 “ L. D. STONE, “ J. LAW.

WILLIAM H. COOK.

The president elect was then conducted to the chair, and made some brief and appropriate remarks.

A committee was then appointed to bring in business for the meeting, and reported that there be appointed:—

A Committee on colleges.

A Committee on Medical Journals.

A Committee on the rise, progress, and present condition of Medical Reform.

A Committee on alteration of Constitution.

And they further recommend, that the meeting take into consideration the most judicious and sanatory plan of hereafter granting the Diplomas of the Society.

This report was accepted, and the several Committees were appointed, and the Society then took a recess until afternoon.

AFTERNOON SESSION.

When the meeting came to order it was, on motion, *Resolved*. That the duty of nominating Physicians who are considered qualified in their profession, should devolve upon the Board of Censors, who are empowered to recommend any person deemed worthy to the Metropolitan Medical College, for the Diploma of that Institution.

The following report was then received from

THE COMMITTEE ON COLLEGES.

We now find in the United States three Collegiate Institutions, whose teachings, both in regard to Pathology and Practice, are fully and satisfactorily in accordance with the views of Medical Philosophy entertained by this Society. These Colleges are

1st. The *PHYSIO-MEDICAL COLLEGE*, Cincinnati, Ohio.

2nd. The *SOUTHERN BOTANICO-MEDICAL COLLEGE*, Macon, Georgia.

3rd. The *METROPOLITAN MEDICAL COLLEGE*, New York city.

The first two of these Institutions have been established for a number of years, and are understood to be at this time in a very flourishing condition. The one at Cincinnati is possessed of an excellent Philosophical apparatus, enjoys excellent facilities, and has nearly secured, by subscription, a sufficient sum to permanently endow the several Professorships. The organization at Macon has had the misfortune to lose its edifice and most of its fine apparatus by fire; but while we deeply sympathize in this loss of our brethren at the South, we are pleased to learn that the friends of Reform in that region are giving liberally to the sufferers, by which they will soon be enabled to rebuild their edifice and more than replace their apparatus. The *METROPOLITAN COLLEGE* is of more recent organization. It is now about closing its second course of lectures, with a pleasing confidence in the prosperity that awaits it. For the efforts of the past, though greatly obstructed by many and peculiar circumstances, have been so successful, that it bids fair to succeed, and flourish to the full extent so ardently desired by every Medical Reformer in this and the adjoining states.

And your committee would earnestly recommend the Metropolitan College as an institution deserving your confidence and support both in the form of students, and in direct monied subscriptions, by which its Trustees may be enabled to purchase more apparatus, and add other facilities for instruction. And your committee believe that any

confidence the Society may place in this college, will be placed in a worthy direction, for this School is deserving of the warmest sympathies of all persons who are desirous of having a flourishing and creditable Reformed Medical College in this state.

Besides the institutions above mentioned, your Committee find several other Colleges, of which the Eclectic College at Cincinnati, and the one at Worcester are the oldest and most flourishing.

Favoring the Principles taught in the Three Schools first mentioned, and particularly favoring Metropolitan College, which from its position and greater facilities, is of most immediate importance to this Society, your Committee would respectfully offer their report.

L. B. HOAG, M. D.	} Comm.
W. H. COOK, M. D.	
E. J. MATTOCKS, M. D.	

The following report was then received from

THE COMMITTEE ON JOURNALS.

The Committee appointed on Reform Medical Journals respectfully report, that there are now published in the United States the following periodicals:—

The Physio--Medical Recorder, Edited by Prof. A. Curtis, Cincinnati, Ohio.

The Southern Medical Reformer, Edited by Profs. Coxé and Bankston, Macon, Georgia.

The Thomsonian, Edited by J. W. Comfort, M. D., Philadelphia, and

The Journal of Medical Reform, Edited by Prof. W. H. Cook, New York City.

These papers are published at one dollar a year each, are Edited with ability, and deserve the support of the friends of true Medical Reform. The necessity of such Journals none can deny, and as the Journal published in this city is the advocate and organ of our immediate interests, we would particularly urge upon the friends in this and the New England States, the necessity for making increased efforts for its support,

A. DOOLITTLE, M. D.	} Committee.
S. L. LUDDINGTON, M. D.	
H. M. SWEET, M. D.	

The Committee on the Rise and Progress of Medical Reform, requested the privilege of further time, which was allowed, and the Committee directed to report through the Journal.

The Committee on Alteration of the Constitution reported, and several alterations were made, according to their recommendation, and the Constitution, as altered, directed to be published in the Journal of Medical Reform. The meeting then adjourned until evening.

In the evening the society voted to delay their business until after the delivery of Diplomas to the College students by President Doolittle and then listened to the valedictory address of Prof. Loomis; after

which the meeting resumed its business. Doctor Luddington read a paper on fever and inflammation, and was followed by Dr. H. A. Archer, who gave an interesting description of a case of cancerous growth that came under his treatment, and which terminated fatally.

The Doctor's remarks were illustrated by the scirrous stomach, œsophagus and uterus taken from the subject, and which were presented by him to the Metropolitan College.

On motion, a vote of thanks was returned to Drs. Luddington and Archer, and a copy of their respective papers requested for publication in the Journal of Medical Reform, when the meeting adjourned until the next morning.

SECOND DAY.

The Society met in accordance to adjournment, and after the transaction of much minor business, during which there were several spirited and interesting debates, it was, upon the amended motion of Doctor Cook,

Resolved. That all persons who may hereafter enter upon the study of the Botanic Practice of Medicine, shall be required to study two full years with a qualified physician, and to take one full course of Lectures in the Metropolitan Medical College, before the Censors of this Society shall recommend them as fitting persons to receive a Diploma; and persons thus applying shall be members of this Society; and we would recommend to adjoining State Societies who are acting in concert with us, to adopt a similar resolution.

On motion of Doctor Sweet,

A Committee, consisting of Drs. Sweet, Cook, and Mattocks, was appointed to bring forward, at the next regular meeting such business as they may think will best subserve the interest of the Society, and to secure able lecturers for that occasion, that the meeting may the more fully tend to the instruction and edification of all Reformers, and be well worth some sacrifice from our friends of the neighboring states to attend said Convention.

The Society then adjourned to meet at the same place on the second Tuesday of June, 1855.

JASON GOODRICH, M. D., *Pres.*

H. M. SWEET, M. D. *Sec'y.*

SURGERY IN THE NEW YORK HOSPITALS.

BY PROF. I. M. COMINGS.

It is now admitted by all that the facilities for obtaining Surgical information are greater in New York than any other city of the United States. Philadelphia will not compare with this city in the number and variety of operations. During the summer months particularly, there are so many melancholy accidents and injuries, from the great number of occupations, and the vast multitudes who

are so crowded in this great metropolis, that the Surgical wards of our Hospitals are always overflowing with patients.

The two divisions in the New York City Hospital are always well supplied with cases of an interesting character, and those who witness the operations of Drs. Buck, Van Buren and Markœ, are well pleased with the skill and care which characterise their manipulations; but the Emigrant's Hospital on Ward's island is superior to all others, not only for its numbers of patients and variety of operations performed, but for its Surgeon, Prof. J. M. Carnochan, who is at the head of Surgery in New York. The older Surgeons, Mott, Cheeseman, and Post, are getting rather antiquated, while Young Physic seems to lead the van, with Carnochan at its head. We never yet have seen the man who knew *when, how, and where* to cut the human body so well as Prof. C.

A few days since we witnessed an amputation of the shoulder joint, the second one of the kind the professor has performed within a few weeks. The disease was a tumor involving the upper part of the humerus, encroaching very much upon the joint, and extending into the axilla.

To prevent too great hemorrhage, the subclavian artery was ligatured before the operation. This being done, the longitudinal incision was made, when there was a fearful rush of dark venous blood. The external incisions was then commenced, the knife carried under and around the arm to the point of departure; a small amount of dissection then permitted the disarticulation of the bone, the axillary artery secured, being found sound and free, and the stump dressed in the ordinary way. The patient bore the operation very well, and good reaction took place in a few hours, with great hopes of a speedy convalescence.

The disease for which this amputation was performed appeared to be of an osteo-sanguineous character, the bone much expanded and disintegrated. This is the third operation of this kind we have witnessed the past year, although amputations of other parts of the arm are quite common, almost of daily occurrence.

The new surgical Amphitheatre erected at Ward's Island is most admirably fitted and contrived for the uses of the Surgeon, and the students who flock there every Saturday to witness the operations, will have ample room and all the conveniencies they desire. Success to the talented Carnochan.

68 East Broadway, New York.

There is a great deal of poetry, and a vast deal more of truth in the following :

God and the doctor we allke adore ;
Just on the brink of danger, not before ;
The danger passed, both are alike requited,
God is forgotten and the doctor slighted.

Editorial.

DOCTOR JONES AND THE BOTANICS.

PROF. I. G. Jones, of Cincinnati, Ohio, has recently written a work entitled "The American Eclectic Practice," on the 12th page, vol 1, of which we find the following words:—

"Never, in the history of medicine, have contending parties occupied such extremes as the adherents of 'regular' medicine, and the ultra reformers, the 'Botanics,' during the half century just closed. On the one side it was claimed, not only that learning was requisite to the medical practitioner, but that this learning must be gained in a particular way, and under the auspices of certain legitimate institutions. On the other, all scientific education was discarded as unnecessary, and the right of every individual to practice medicine was claimed to be as unrestricted as his privilege to cultivate the soil."

Being one among those "ultra reformers," the "Botanics," who, as Dr. Jones tells us, "deprecate and discard the abstraction of blood, either generally or topically," we feel called upon to make some comments upon the above paragraph; and particularly as we find it copied in both news and medical periodicals, and is calculated to spread what we know to be grossly false impressions concerning Botanics. We have been associated with these men long and intimately enough to learn that they are stern friends of *thorough* medical education; to learn that the idea of their "discarding all scientific education as unnecessary," is not correct, and has no foundation in truth. We have never heard such a sentiment uttered by any one of our associates, and we are free to affirm that such a notion has no existence among them.

Then why did Dr. Jones write as he did on this point? Was he unacquainted with the true state of feeling among "the Botanics," and yet so boldly charged them with such *wilful* ignorance? It would be preposterous to suppose that any man would publish a work on a subject that was unknown to him. And certainly we expect that the author of so large a book as the American Eclectic Practice would be fully conversant with the several points upon which he treated, and that he would keep himself well informed of all the *prominent* Medical changes and movements of the day. And yet it was in the very year that Doctor Jones wrote his work, that the *Botanic* Society of New York State, and the *Botanico-Medical* Society of the State of Connecticut, moved to establish the Metropolitan Medical College in this city. And this movement, together with the boldness with which we importuned our Legislature for a special Incorporation, filled Reformers with amazement, from one end of the Union to the other. The meek flatterers of the great man were not used to such boldness, and it astonished them to see these rude, unlettered "ultra reformers," dare to seek for a foothold in this city, dare to claim a share in the governmental Hospital privileges here

and beard the old lion of Allopathy in this, the very sanctum of his own grounds. Had not this movement came to the knowledge of Dr. Jones when he penned the above paragraph? If it had not, he would have shown himself a wiser man by pausing to inquire into the true position of Botanic before he wrote so broad a slander concerning them. If it had, it was a fact not well calculated to strengthen his assertion that they "discarded all Scientific education as unnecessary."

But if the Doctor had not become acquainted with the Metropolitan movement, he surely had heard of the *Botanico-Medical College* at Macon, Georgia? This Institution of "the Botanic" had then been in successful operation for nine years, possessed a fine Journal, and in the State Legislature of that year (1852) received a donation of \$5000, to aid in purchasing a building and apparatus. Had not Doctor Jones heard of this Institution? Do they not publish newspapers at the West? or did not the N. Y. Tribune, or the Eclectic Journals of Syracuse and Rochester come to the address of I. G. Jones, M. D. that year? If they did, the Doctor must have labored hard to escape reading of the Southern Botanico-Medical College.

Yet it may be that Doctor Jones had not learned of the existence of these "Botanic" Institutions at New York and Macon, and we are fully disposed to give him the benefit of the doubt. But of a certainty he must have known of the one at Cincinnati, where he himself resided. That Institution had been in successful operation for twelve years when the Doctor wrote, and its venerable President, Dr. Curtis, was as familiarly known among all the physicians of that region, as is the name of Washington to every American. Had Dr. Jones no knowledge of this? It is beyond the limits of human credulity to suppose that he had not. He could not possibly have escaped hearing of it, no matter how earnestly he may have tried; and we must conclude that he was aware of the existence of *one* Botanic College, even if he was not knowing to the existence of three, at the very moment that he said these men "discarded all scientific education as unnecessary." With such circumstantial evidence before us, we cannot but feel that Doctor Jones did not make that remark from ignorance, but from design; and the design that could lead an author to introduce such a remark to a book, must have been a woefully sinister one.

And concerning the "Botanic" idea that "every individual has as good a right to practice medicine as he has to the unrestricted privilege of cultivating the soil;" does Doctor Jones gainsay it? Does he deny that every man has a right to enter the medical profession if he chooses?—that every man has a right to make physic his business, if he so pleases? Would he monopolize all the medical practice, and prevent all others from engaging in the pursuit that he is engaged in? His remarks urge very strongly to *ch* a conclusion. But let us allow that the Doctor meant no such selfish-

ness by his remarks, we would inquire where he himself would stand if we overthrew this "Botanic" idea of medical "Rights?" I. G. Jones, M. D., of Cincinnati, Ohio, would simply be, at this time, excluded from the privilege of practicing "Eclectic Medicine," or of publishing an "Eclectic Practice." He would be subject to fines and imprisonments if he even made "Eclectic" prescriptions. Ohio would now be recognising no physicians but "regulars." Massachusetts would be persecuting all but the "legitimates." New York would still be groaning under the "gag law" of 1842, and throughout the whole Union the rod of *Legal Coercion* would still be descending upon the back of Medical Progress. For it was the *Botanics* who raised a resistance to all such partial Legislation; it was the *Botanics* who petitioned for equality in rights and privileges; it was the *Botanics* who suffered imprisonment under the old laws in favor of Allopathy; it was the *Botanics* who toiled and struggled and sacrificed; who urged and labored and contributed; who suffered, endured and still struggled, until the odious restrictions were removed; until men were declared to be *Medically* free, as well as politically free, until *all* were admitted to the "unrestricted privilege" of practicing medicine if they chose. And was it not a glorious victory? Aye, verily, and every friend of humanity and right rejoiced at the triumph. How ungenerous for those who are now enjoying the advantages of that achievement, to sneer at the men who won the liberty. How ungenerous to despise the labor which took off the burthen from our shoulders. How supremely ungenerous to cast contempt upon the noble souls whose toils and sacrifices secured to us the privilege of being what we are. Doctor Jones complains loudly of that arbitrary spirit of Allopathy which denies the merits of *his* Reformed Practice. Is there any difference between that spirit and his own attempt to falsify and misrepresent the opinions and struggles of the *Botanics*? We fail to see that one is more despotic than the other; and we are disposed to give the Allopath the most credit for consistency, for intolerance is a part of his belief, while the author of the American Eclectic Practice professes to liberality.

But Doctor Jones is by no means the only man who treats the "Botanics" thus ungratefully. We know of many in these more Eastern states who speak thus slanderously of their benefactors, being only more brazen in their calumny. We remember the day when calls went forth to "*BOTANICS*" to come together to establish Colleges. How nobly were those calls answered by these "ultra reformers." In crowds they came, unstintingly did they contribute to the educational enterprises. With them Colleges were the ideals of triumph, and without question did they pour into the fund, thinking only how speedily they might see the engines in operation. But when the day of operations came, and crowds of students and friends were assembled in those consecrated halls, how sad a disappointment fell upon the poor over-

confident Botanics. Instead of hearing *their* principles taught and *their* doctrines defended, they heard nought but the characteristics of Allopathy. An oily covering hid much of the unsightly form, and the sharp points of the Lancet and the deep pits of Calomel were carefully covered over with straw. But it needed no great keenness to detect the animals covered by the lion's skins, and too soon did Botanics learn their error. They found that *their* means had been given to promulgate the errors of Allopathy, *their* substance contributed to build up fortifications for their enemies. And when they remonstrated, they were told not to interfere with what did not belong to them. When they assailed the teachings, they were told they had not received a *regular* education, and were not fitted to judge in such matters. When they asked to have *their* money expended in advancing *their* opinions, they were told their opinions were false and the promulgators of them fools! Then it was that the Botanics resolved to give no more. They preferred, *aye, and they still prefer*, to do without Colleges, rather than give their hard-earned dollars to the support of those that teach veritable Allopathy. They preferred to do without schools, rather than support teachers who were not honest enough to have any medical opinion of their own, and who were "all things to all men," whether Allopath or Botanic, seeking by flattery to draw favors from each. These "Botanics" resolved to have Colleges in which the truths of *their* system were taught in all their purity, and Professors who would not shrink from the responsibilities that the unflinching advocacy of truth would place upon them. Having at that time failed to secure these, they withheld the further giving of money. And then it was that they began to be called "illiterate," "unscientific," "opposers of sound education," "enemies of Medical Colleges," &c. It was then that the men whom they had helped into lucrative positions found it convenient to raise the cry of "illiberal and ultra," against those noble spirits who refused to pander longer to their double dealing.

But we have said enough. Our soul sickens at the retrospect, and we gladly drop the curtain which nought but necessity would have made us hold up. We will leave this subject here without further comment, intending to make a more general review of Doctor Jones' work in a forthcoming number.

DYSENTERY.

As the season is now near at hand in which the Dysentery cuts off so many victims, it is appropriate for us to make a few remarks upon this subject.

Dysentery consists essentially in an inflammation of the mucus membrane of the bowels, chiefly confined to the Color and Rectum, but occasionally extending upward to some of the small intestines. It is accompanied with fever, and a very dry and fiabbid state of the skin. The Liver is also very

much congested and there is a total absence of biliary secretion. The tongue is furred and dark in the centre, but smooth and red around the edges. The stools are remarkably mucus mixed with more or less blood, and differ materially from the liquid, yellow-brown, framy passages of diarrhoea. The obstructed condition of the skin and liver are noticeable for several days before the appearance of the Dysentary and may be regarded as the functional cause of the disease. Hence, in the treatment, remedies are to be directed to the restoration of these functions, and the intestinal irritation to be subdued locally.

In the first days of the disease a lobelia emetic should be given, using either the infusion or the seeds, and continuing their administration until the emesis is very thorough. This may seem like recommending Lobelia for "everything, no matter what," but when there is so great need of removing hepatic congestion, and restoring biliary secretion, we must use those means that we know will be efficient. Emetics have been too much neglected in this disease, yet they are scarcely advisable after the third or fourth day. The nature of the case does not admit Lobelia by injection.

The whole body should be freely and often bathed with tepid water. An alkali, as saleratus or sodæ, may be added to the water, and the surface sponged three or four times each day, and this will be found a great sheet anchor in the treating of children, who are so averse to taking a proper quantity of medicine. In severe cases, where the skin obstinately resists these efforts to restore its function, some mustard may be added to the alkaline, and the body washed with this until the surface is in a glow. Cayenne may also be used, and a friend of ours once, in a very alarming case, wrapped the patient in a blanket wrung out of warm cayenne water, and this was effectual in getting up a determination to the skin, and saved the patient's life. But in all cases frequent ablution is of the first importance.

Hepatic stimulants are another anchor in treatment. For this purpose we know of nothing better than powders composed of two parts Lobelia seed and one part Leptandrin. They may be given in doses of half a grain or a whole grain every four hours and continued until the yellow appearance of the stools manifests the re-establishment of the biliary secretion. The Butternut (by infusion or extract) is also excellent, and some physicians use the Podophyllin and others the Senna, or the Castor Oil. *Oleum Ricini et Terebinthinæ* (Castor Oil and Turpentine) is a very favorite prescription with many, and our own experience and observation testify to its efficacy, though the compound seems to have little influence in causing a secretion of bile, which is a very prominent indication in the treatment.

Cooling and mucilaginous injections are to be used freely. Elm water, starch water, infusion of Mallows or Irish moss, Gum arabic solution, and

similar demulcents may be used in large quantities and frequently, during the whole continuance of the discharges.

Astringents are not indicated in Dysentery, and need not be used in any form, although they are held in such high esteem among the greater portion of the profession. If we have evidence that the intestinal irritation has all subsided, the functions of the skin and liver being at the same time restored, and the peristaltic motion of the bowels still continues, it is well to add some mild astringent to the injections. Otherwise our own practice would not recommend their use.

There is usually much flatus accompanying Dysentery, and the Kidneys are commonly found inactive. To remove these the patient may drink a tea of Spearmint and Wintergreen, or Clivers and anise seed, or other agreeable diuretics and carminatives.

The Dysentery frequently attacks children at the time of dentition, adding to the irritation of the bowels, and giving a tendency to sympathetic irritation of the brain, which may result in Hydrocephalus. In such cases, in addition to the treatment of Dysentery, the child should be allowed demulcent drinks, with cool applications to the head, and stimulating washes to the lower extremities.

AMMONIA IN PHTHISIS.—In the June number of the *Eclectic Journal of Medicine*, Dr. W. T. Parker recommends the use of Ammoniated Inhalations in the treatment of Phthisis. Dr. P. bases his recommendation on the known facts that: 1st. Tuberculous matter is very closely allied to albumen; 2nd. Alkalies dissolve or liquify albumen; 3rd. Ammonia in some form, is the only volatile alkali we have. The essay is lengthy, the grounds well taken, and the positions well sustained. But besides logically defending his proposition, Dr. P. says he has tested it, to a limited extent, in practice, and the results have been highly encouraging. His mode of exhibiting it is as follows:—

“Take a piece of quick-lime as large as a playing marble, and pour over it water sufficient to slake it, so that it will fall into a powder. Rub this powder in a mortar with a piece of Sal-ammonia as big as the piece of lime, till the whole powder is finely pulverised and mixed. Put the powder in a small vessel, and pour on a pint of boiling water. Set the vessel in an empty barrel or deep box, so that the vapor can be inhaled at a little distance from the vessel containing the mixture. Put in the water a piece of heated iron or pebble, to make it boil and throw off vapor. Let the patient hold his head over the rising steam for a half an hour. This process may be repeated two or three times a day.”

CRITICUS ON PODOPHYLLIN.

MR. EDITOR:—I perceive that your last number contains an answer to some inquiries made by me in the fifth or May number of your Journal respecting the article Podophyllin. I would beg the indulgence of briefly replying to "Criticus," after premising that my sole object in calling the attention of the profession to that medical agent, was to elicit information in respect to its true character. I did not design to question any one's orthodoxy, or to insinuate anything against the professional character of any physician, or want of judgement in the treatment of the cases referred to by me, I disclaim any such intention. But if its true character was what I honestly believed, and what Criticus asserts it to be, I think the profession ought to know it.

I will here again briefly state what were my objections to this article, 1st. That in diseases of a putrid tendency or typhoid type it was depletive to an extent positively injurious to the patient. 2nd. That it was irritating to the mucus coat of the mouth, fauces, stomach and alvine canal; producing aphthous throat, irritable stomach, vomiting, &c. 3rd. That by its continued debilitating effect, it produced partial temporary paralysis. Has Criticus in any degree accounted for the morbid appearance existing when I first visited the patient? He says, to be sure, "that it (Podophyllin,) was the principal cause of the extreme debility and partial paralysis in case first, I very much doubt;" and adds, "when used Therapeutically, it is incompetent of producing any such morbid effects." And we must believe that this is the fact, for he tells us he is competent to judge in the matter at issue, for he says, "I have used it in large doses, and in small alterative doses, and that too for a considerable length of time; yet I never have observed (and I think my observation is on a par with men in general,) in a single instance the phenomena referred to by the writer in question." With regard to the remedy referred to, I do not think the "observation of men in general" would be very satisfactory or conclusive, for *they* know nothing of Podophyllin, much less of its *modus operandi* and effects. But grant that his experience is equal, aye, superior to most of our physicians, is he qualified to judge in the two cases at issue? Both were cases of Typhus fever, and he says, "I have never used it in any case where there was a typhus or typhoid tendency," and immediately repeats, "It is too potent an article to be used in any case whatever in which there is the least typhus or typhoid tendency." Is he a qualified witness of the effects of Podophyllin in Typhus Fever? Is he not from his own record, debarred from being considered qualified as an evidence in this particular case?

But let us hear the objection that Criticus makes to its use in Typhus tendencies. "It is too irritating, too drastic, and produces too much irritation,"

And again, "it is attended with more or less *nervous irritation*, great prostration, with a tendency to diarrhœa, tympanitis, &c.," and he pronounces it an "inadvisable remedy." He has never used it in Typhus Fever, yet tells us its effects in that form of disease. How does he judge? Manifestly from its effects in other or chronic forms of disease, from the very nature of the medicine. I believe that the judgement here rendered is correct, and it certainly coincides with my own. But by what rule of reasoning does he arrive at the conclusion, that an article which is too irritating to use in a particular form of disease, would not produce irritation of the mucus membrane in that form of disease? One that was too depletive to exhibit would not produce debility, aye, that it was "*incompetent of producing these effects?*" An agent whose tendency is to irritate, and not produce irritation! of a depletive character, and not produce debility! I would like to ask of any and every physician, although he may pretend to less observation than Criticus claims, if an article allowed to be "a powerful irritant, producing great prostration, drastic, depletive, producing a tendency to diarrhœa, tympanitis &c.," would not produce the very symptoms and condition of the patient described in my communication. Surely there can be no difference of opinion here, and discussion must be "merely for the sake of discussion," when both parties coincide.

I will now briefly notice the strictures of Criticus on case 2nd. He says, "the history of the case shows conclusively that the attack was of the most formidable nature. It was insidious in its approach, with nothing alarming in its incubation and first stage." No sir, no such thing. His was not from the vitiated atmosphere, the *marsh miasma*, the effects of which may be lurking in the system for months, before its complete development, attacking slowly but surely every fibre of the organization, but from infection. His father and brother had but recently fallen victims to the disease, and during watch and care for them, he had contracted the same malady, (they resided two miles distant,) and it was as well developed (though of a mild type when I saw him first,) on the day he sickened as that on which he died. When attacked he knew his disease, and called immediate aid. The wife's disease was as apparent and more severe than her husband's, but she would not yield to its attack as long as there was a necessity of her exertion for him. Such is the history and such the incidents attending these two cases, and I verily believe, before God and upon my knowledge and experience of disease and its treatment, that he might, with the same application of the same remedies, have been restored to health and usefulness in one week.

Criticus asks for more cases, and, Mr. Editor, if you will indulge me for a moment longer, I will relate another. About the 25th of June last, I was applied to by a patient for advice and medicine. I found a clear case of "chronic hepatic derangement." I prescribed, with other medicines, three

small or "alterative" doses of Podophyllin, with directions to take them at considerable intervals of time. But she said (afterwards) that it took a great deal of medicine to affect her, and the powders were so small that she took them all at once. I was called a week after this to visit her (twelve miles.) I found her confined to her bed, laboring under the "emeto-cathartic effects described by Criticus—the same inflamed stomach described in case 1st; constant retching and vomiting; the same apthous mouth and throat, and the tongue fiery red, showing Criticus' irritating effects. I gave a tea spoonful of cold water, and it immediately produced violent vomiting. Her nervous system was completely prostrated, and if she raised her head from the pillow, she was seized with dizziness, retching, &c. This case developed all the morbid appearances in a chronic case that I found in the other two, though more violent, with "permanency, prostration, dibility," and other effects of this medicine, so well and truly described by Criticus.

But I have, my dear Sir, tresspassed upon your time longer than I at first designed. Yet I consider this a question of no small importance, and one, too, which ought to be discussed. Criticus I believe to be right in his description of the effects of this medicine, but, allow me to say, most unfortunate in his deductions and conclusions. If he be correct, is the Podophyllin a safe remedy? Is it a consistent remedy for a Reformer to use? Would it not be far better for us to rely upon the remedies as they come, *pure* and unadulterated, from the creative hands of the God of Nature?

Yours most truly,

BOTANICUS, SEN.

New Haven, July 17, 1854.

BOTANICUS AND CRITICUS.

TO THE EDITOR OF THE JOURNAL OF MEDICAL REFORM:—SIR, I saw in your Journal of May, an article signed Botanica, Sen., and I have waited with considerable anxiety to see the response of the Reformed Physicians to that article. For certainly, Sir, the question is important to me and to others who are almost daily using the medicine in question. Botanica made out a strong case and upon casting my eye upon the reply of "Criticus" I was anxious to see the doubt removed. As I must acknowledge, I am favorably disposed towards the *concentrated medicines*. Judge then my surprise, when upon seeing the doubts unqualifiedly expressed by one, who says has long "used the preparation," (and that therapeutically,) ever since it has been introduced to the notice of the profession, in large and alterative doses, and that for a considerable length of time. I supposed we should have something conclusive upon the subject. He does indeed say that he never has observed in a single instance, the phenomena referred to by Botanica, but he says too.

he never used it in Typhus fever (which Botanicus' cases were) and that is not all, he never deemed it admissable in that disease because its effects were precisely what Botanicus says they were in the two cases referred to by him, viz., irritating and depleting. I did, cursorily perusing the article, think there must be collusion between Botanicus and Criticus; but reading more carefully I was satisfied that the *assertion* was at variance with Botanicus, but the *argument* in his favor. I ask the profession to communicate their experience, for if, as Botanicus asserts, the effects described by him, were produced by Podophyllin, I must abandon its use; and his description of the symptoms and effects, are well defined and sustained. I hope they will provoke discussion (not denunciation) of its character and effects when "*therapeutically*" administered. I shall say something hereafter upon the merits of the question, not because I think Botanicus is not capable of sustaining himself, but as I have witnessed some phenomena in the operation and effects of other concentrated medicines, their publication may add a mite to the already increasing interest in Medical Reform. You will hear again from

MEDICUS.

New York, 7th. Mo. 12, 1854.

GIVING CREDIT.—We are somewhat flattered to see that several of our contemporaries think so well of our Journal, that they copy one or more of our Original Communications every month; but we are a little piqued to find that they neglect to give us credit for them. This is not right. We never copy without crediting, and we hope that when our neighbors borrow of our goods, they will at least acknowledge where they get them from.

TO CORRESPONDENTS.

"W. J. M. BEXAR, ALA."—We first sent your Journal to Tolegate, and when Prof. C. got your letter, we remailed all the numbers to your new address, which we are glad you have at last found right.

"O. V. T."—Your Communication is not exactly appropriate to our pages, hence we decline your proposition. Your essay awaits your disposal.

"A. G. C."—One dollar inclosed. We only mentioned the amount before as no explanation accompanied it. It is now clear and all balanced. Old Journals have been sent, and back numbers as you desire.

THE Journal of Medical Reform.

SEPTEMBER, 1854.

Original Communications.

VARIOLA.

A THESIS, BY JOHN TAIT, M. D.

PERHAPS no one of the many ills "to which flesh is heir" has elicited so much interest, or created so profound a sensation on the public mind, in its scourging march of centuries, as small pox. Of all the exanthems it takes first rank, and is regarded as the most characteristic type, by the unanimous consent of the medical profession. It has been dreaded, and that justly, by the million. The announcement of its existence in city or village has ever blanched the cheek and chilled the blood of the uninitiated—thus by its presence supplying food for its insatiate fire. It spares neither age, nor sex, nor beauty; and a disease, which comes fraught with so much of sorrow to the home and the heart, can not but be of interest. We have selected it as the theme of a few remarks under the following heads:

1. Its History; 2. its Pathology; 3. its Diagnosis; 4. its Treatment.

1. *Its History.*—The Greeks and Romans appear to have known nothing of it. The sixth century is as far back as it can be traced with any certainty; and although known for a short period before, yet no full and clear description of it is found till the year 910. This is furnished by Rhases, and soon after it is mentioned by others with some additional facts. The East appears to have been the home of its birth; but that the West has become the land of its adoption, the mouldering dust of thousands dead, and the marred visages of thousands living, abundantly testify. Whether its march westward was rapid or gradual, nothing definite is known; but about the close of the ninth century, it reached France and England. It followed close on the track of Columbus to the new world, and the sweeping destruction of human life in Mexico, and the 'al-

most total annihilation of Indian tribes over the whole continent, are facts too well known to require description ; and through all the intervening space down to our own time, has it had a "local habitation and a name." It has seasons of dormancy and seasons of activity. It may be almost latent one year, and epidemic the next. The crowded city is more favorable to its existence and propagation than the country, and for this, the greater exposure incident to thronged places, and the larger number of unprotected persons sufficiently account.

2. *Its Pathology.*—We would call attention for a few moments to two facts, important to be borne in mind, while considering the pathology of this disease. 1st. The susceptibility of every unprotected person to contract variola upon exposure, and 2nd. The subsequent immunity an attack affords. These facts cannot be gainsayed. All mankind, with few exceptions, are born with a susceptibility of small pox. The white race and the black, with the intermediate shades, in this respect at least, are on a level. Small pox is most assuredly "no respecter of persons." Children are specially liable to contract it ; but this is the case simply because it is usually contracted on the first occasion of exposure. No principle is more generally recognised than that small pox occurs, necessarily and unavoidably, to every unprotected man once in the course of his life. The Arabians entertained the same opinion of it. Avicenna distinctly announces the fact and seeks to account for it. Willis says that the escape of a man living to the ordinary period of human life, from small pox, is as rare as the contraction of it twice.

The non-recurrence of the same disease is a marked feature of several of the exanthems ; but in none more so than in variola, and in this fact we recognise an important principle in its pathology. In a large majority of cases the susceptibility of the system to variola is exhausted by undergoing it once, and in all more or less. So rarely does a case recur, that the proportion has been estimated at not more than one in fifty thousand.

1. *Its cause.* Variola is now generally conceded to be caused by a specific virus, secreted by the animal body in a state of disease, variously called animal poison, morbid poison, and miasma by different writers,—received from without into the blood by inhalation, absorption or insertion ; and then passing through the several periods of incubation, invasion, eruption, maturation and decline—through the various stages of pimple, vesicle, pustule and scab—reproducing an exact counterpart and millionfold multiplication of itself, the smallest portion of which virus is efficient to induce the same condition in any susceptible person. Different opinions have obtained relative to the cause of variola. Its contagious nature does not appear to have been distinctly recognized for hundreds of years after its rise. It was attributed to some defect in the "air, aliment, the secretions, sleep, exercise and mental emotion." "To this day," says Dr. Gregory, "a large portion of mankind believe that small

pox may be bred in the blood, like gout or rheumatism, independent of all direct external agency." None call in question its spontaneous origin at first ; but the medical world has been, and is to day divided on the question, whether it does ever arise now "*de novo*," or is invariably the result of contagion. Each theory has its friends. First in adopting the contagious theory stands Boerhaave, who believed "that small pox was in all cases the product of a specific poison or miasma derived from some one already laboring under the malady."

We are inclined to the contagious view and believe that where variola is contracted without apparent, external cause, it nevertheless has such a cause. Although we can not trace a given case to known contagious influence, it by no means proves its spontaneous origin, since we can not be supposed to know the minute circumstances, or understand all the possibilities of exposure in such a case.

Of the chemical composition of this virus we know nothing ; and yet to chemistry must we look for a solution. Did we know its constitution, we could then do something towards determining its *modus operandi*. And is it too much to expect that ere long its true nature will be known so definitely, that we may neutralize it as effectually as now we can an acid with an alkali ?

It may be thought that by taking this view we entirely overlook debility as a cause of this disease ; and yet from the known facts we feel impelled to this conclusion. We are not aware that during its prevalence in any locality, the question of exemption turns so much on the good or bad health of the individual at the time of exposure, as on the protection he has experienced, either from a previous attack or vaccination. It seems hardly sufficient to say that nature resists till debility is induced, since from this view the same virulent cause should produce the same effects *ad infinitum*, or so often as debility might be induced by its presence. It is quite obvious that the result will be essentially modified by the good or bad health of the individual at the time of attack ; but this does not concern us at present.

If any should prefer to consider its cause an obstruction, we take no exceptions ; but confess to no particular liking for mere generalization. True enough it is an obstruction ; but when we know it to be an animal poison, we feel inclined to go as far as knowledge holds her lamp and stop only when and where we must.

2. The nature of small pox demands our attention. By its nature we understand its essential character, that which gives distinctness to it as a form of disease. The change effected by the action of small pox virus, is effected in the fluids of the body, and by general consent the blood is regarded its primary seat. To this fluid the virus gains ready access through the medium of the lungs. We regard the blood as the theatre of action and development in this disease.

As might be expected, speculation has been rife regarding its

modus operandi, and two theories have been advanced, viz. fermentation and catalysis. By the former, Liebig sought to account for it. The millionfold multiplication of the small pox virus, he considers analagous to the production of yeast in the fermenting process, and lays down this proposition, "that a substance in the act of decomposition added to a mixed fluid in which its constituents are contained, can reproduce itself in that fluid." On this Dr. Watson remarks as follows. "Thus the virus of small pox (which virus is formed out of the blood) causes such a change in the blood as gives rise to the reproduction of the poison from the constituents of that fluid, and this transformation is not arrested till all the particles of the blood, which are susceptible of the decomposition, have undergone the metamorphosis."

We do not perceive the complete analogy between the action of variola virus in the blood, and that of yeast in the sweet-wort in the process of fermentation. We regard fermentation as a destructive process, absolutely decomposing the saccharine and other fermented matter and resolving it into its ultimate elements. In variola we can not admit the analogy up to the point of entire decomposition; and must consider it inconsistent with the retention of life, to regard the two actions as entirely parallel. So far as yeast acts as a diastase, so far do we admit the comparison; but limit the action to some one constituent of the blood.

We express a preference for the theory of Catalysis, thinking it most consistent with all the phenomena and facts in the case. Of this interesting class of chemical changes there remains yet much to learn. We only know that important changes are effected by the mere presence of a substance, which itself undergoes no change. As we notice in the production of Oxygen gas from Chlorate of Potash and Peroxide of Manganese, the latter acting merely by its presence, and inducing a new molecular arrangement in the atoms of the former.

We have stated it as our belief that the small pox virus is something material, and we are of opinion also that there is a constituent in the blood of every human being, with few exceptions, upon which this virus, when introduced in any way, acts catalytically and invariably produces the same result. And the virulence of a small pox attack in any given case is in exact proportion to the amount of that constituent in the blood on which the virus acts. Hence of two persons, alike unprotected, on being exposed, one may contract the confluent variety the other the distinct; and this difference of results in our opinion depends mainly upon the quantity of this material existing at the time, in the blood of each.

In the present state of our knowledge it is impossible to determine which constituent of the blood suffers this change. It has escaped as yet even the subtilty of modern chemistry. Though normal, and not in the least interfering with the regular functions of the system it can not be regarded as essential; for its presence (whatever it be) does not produce conscious impairment of health, nor does its entire

removal abstract one iota of strength physical or mental, or impair a single function connected with the grand operations of life.

Simon expresses the opinion that it must be sought for among the "extractive matter" which includes the "waste of tissues." These he says are matters already in progress of decay and therefore eminently susceptible of new modifications. They are inessential to the nutritive processes, and that removal of them from the system which would give immunity from reinfection, might be accomplished without withdrawing a vital ingredient from the blood. And only of such matters as these can it be said that some of them occur but once in life, as the wasting away of the thymus gland in children, and the peculiar changes referable to the sexual system.

We regard this theory as the most satisfactory of any with which we are acquainted, bearing upon this question. The field, however, is an open one for patient thought and untiring research, and for the chemist and medical philosopher, no subject can present more interest.

3. *Its Diagnosis.*—In no disease is it of more importance to gain time by an early diagnosis, and yet in none perhaps more difficult to make one. The confinement of the disease to the individual, or its spread in the family and vicinity may all depend upon it; and more, a suitable apartment may be provided ad interim, and those remedial measures be employed, which have a known influence upon the elimination of morbid matter.

The period of incubation in Variola bears a marked resemblance to that of the exanthemata in general, and during this stage it is impossible to determine, from symptoms merely, with what the patient is threatened. In the majority of cases no such derangement is experienced as excites alarm, or calls for medical aid. The patient will feel languid and feeble, and become easily tired, and be indisposed to effort of mind or body. He may lose his appetite to some extent, may be drowsy during the day and pass restless nights, and yet very likely he will keep about his business, though disinclined to effort of any kind.

At the end of about twelve days, however, more marked derangement supervenes. The patient experiences chills, followed by fever, with its usual manifestations—as accelerated pulse, heat and dryness of skin, thirst and restlessness, with scanty and high-colored urine. Pains are felt in the head, back and limbs. Nausea is attendant and not unfrequently vomiting, with pain and uneasy sensations in the epigastrium. This is called the eruptive fever, and usually, about forty-eight hours from its commencement, the papulæ appear on the face and soon extend to the trunk and extremities.

Up to this point we have no one symptom pathognomonic of variola, none but what obtains in some other of the same group. And even if small pox be prevalent in the neighborhood, and the patient be known to have been exposed, it is mere conjecture then. Some assert that vomiting and pain in the back are more uniformly pres-

ent and more severe in variola, and furnish assistance in the early diagnosis.

No doubt can possibly longer exist when once the eruption is fully formed ; but prior to this, according to Dr. Gregory, it may be confounded with chicken pox, measles, febrile lichen and secondary syphilis ; and yet careful attention to some points of difference, which we shall in brief specify, will enable the practitioner, in most cases, to decide with confidence under what form of disease his patient is laboring.

In *varicella* the eruptive fever is slight, the eruption quickly follows, distinctly vesicular, and transparent from the first. The vesicles are covered only by a cuticle as thin as if raised by a scald. There is no central depression, and the circle of inflammation about each vesicle is irregular. The eruption commences on the breast and back and extends to the face and extremities. Nearly the opposite of this is true in variola. In varicella, the vesicles are nearly always distinct. Only one confluent case has been described.

In *rubeola* the papule feel firm and granular under the finger, and marked catarrhal affection is always present—as “sneezing, red and watery eyes, loud, dry and hollow cough and hoarseness.” This is rarely the case in variola. In variola forty-eight hours elapse from rigor to eruption, in rubeola seventy-two.

The surest and best diagnostic between *febrile lichen* and small pox, is the interval from the attack to the eruption ; being in the former twenty-four hours and in the latter forty-eight. Further, the eruption of small pox is developed, almost invariably, first on the face, that of lichen uniformly over the head and trunk. In lichen no vomiting, no pain in the back, and the itching so marked as to form a prominent symptom.

The diagnosis between variola and *secondary syphilis* is to be effected by careful enquiry into the whole history of the case, and close observation of the progress of the disease.

A few days suffice to convert the papular eruption into vesicles containing a semi-transparent lymph, and soon to these succeed pustules of a whitish-yellow appearance, with the characteristic central depression, and surrounded by a very red areola. The greater or less quantity of pustules—run together or separate—determines the case to be “confluent” or “distinct.” The prognosis in general we regard as favorable.

4. *Its Treatment.*—When once this disease has fastened itself upon a person, it were idle to expect to cure. We can but guide it to a favorable issue. In spite of all medication, it will run its course. It will go on multiplying till it exhausts the substance on which it feeds, or the patient, if he be not properly treated, and sometimes even then. We must be satisfied with steering the ship, without being ambitious to quell the storm.

We propose to glance briefly at the past. Two opposite methods of treatment have had their strenuous advocates and adherents, the

hot regimen and the cool regimen, the phlogistic and the anti-phlogistic. We suspect that, as usual in such differences, the truth lies somewhere between extremes. We are opposed, on the one hand, to smothering the patient with bed clothes, to jealously closing the doors and windows, to excluding fresh and cool air, to making it the sole and principal aim to promote a copious eruption; and on the other, we as decidedly reprobate venesection, and the exhibition of "brisk cathartics" and poisons—in one word, depletion.

The first plan may be considered as merely a matter of medical history. We know not that in our day any adopt it or practice it; but the latter has votaries in high places, on both hemispheres.

Dr. Gregory says: "In the initiatory fever of small pox, the anti-phlogistic treatment is to be pursued, except in a few special cases;" but he does not inform us of the exceptions. He recommends calomel and colocynt, also saline draughts with James' powder; and adds further, that "if there be present pain of the back, or of the head, or of the epigastrium, more urgent than these measures can effectually control, blood may be taken from the arm." He quotes also from Huxham the following, and of course endorses it: "You should bleed in the outset of these fevers, for the same reason that you draw off parts of a fermenting liquor, to prevent the splitting of the vessel. By drawing off some blood you prevent the over distending, inflaming and rending the vessels of the human body." Respecting treatment, Dr. Dunglison says: "It is sufficient to adopt the anti-phlogistic regimen."

We are somewhat apprehensive that the cooling results of Allopathic variola treatment has some slight connection with their endorsement and adoption of the anti-phlogistic regimen with its concomitants. Dr. Gregory says, "We may state the average mortality by small pox at one in six of those attacked." Dr. Adams said, "That small pox occasioned very nearly a double decimation." Does any Reformer doubt that he would be suspected by his co-laborers, could he show no better result than this? But then it had almost slipped our mind that Reform practitioners have no bad cases, and of course ought not to impose extra labors on the sexton.

This article might be extended to any length from the "authorities;" but the above will suffice. We shall take far more satisfaction in dwelling for a short time on the "more excellent way" in which Reformers, when a fair chance is afforded them, succeed in modifying the severity of this disease, guiding it to a favorable issue, and saving their patients. We should expect success and should be disappointed were it otherwise from the distinctive and truly "scientific" principle, simple though it be, which guides all their Medication, viz, affording assistance to nature. Let us look at facts a few moments as they appear to us. A virulent poison has been introduced into the system. It acts potently to depress the energies of life. It is like a treacherous enemy within the walls seeking to betray the very citadel of strength. Hence at an early hour we see marked consti-
tutional

tional derangement. The chill, the lassitude, the pain in head, back and extremities, all tell in language not to be mistaken, of a foe's invasion, a foe inimical to life. Are we to suppose for a moment that under these circumstances nature will offer no assistance. By no means, and a fortunate circumstance it is for diseased humanity, that in nearly every case she has both the power and disposition to resist, else where were hope. The merest Tyro in medical knowledge must be aware that the danger is imminent till reaction is established, that the life of the patient irreversibly hinges upon it. Says Dr. Simon, "A patient may die in the first access, in the first tremendous shock and depression of a morbid poison, as with a dose of Nicotine, and you may be absolutely unable to say from any characteristic sign, what has killed him." In this case nature is overwhelmed and powerless for resistance. Witness the process of nature in intermittent fever, with its cold, hot and sweating stages. If in a given case the two last were unmistakably absent, what would be your prognosis.—

This reaction or fever the Reformer does not fear but courts, assured that without it all he can do is powerless for good. No Reformer worthy of the name will be "caught in the act" of doctoring this fever as a disease, or be alarmed at its presence; but will guard it well. We are never to lose sight of the fact that the tendency is towards resolution. Dr. Simon remarks: "We are to remember that nature is proceeding in her own way toward a curative termination, and that where (as too commonly happens) we are incompetent to conquer the disease by direct, neutralising antidotes, it behooves us chiefly to devote ourselves to the humbler task of moderating local phenomena and sustaining constitutional power."

We regard the following as the leading indications of our treatment:—

- 1st. To cleanse the stomach by emetics.
- 2nd. To determine purulent matter to the surface.
- 3rd. To promote necessary action in the bowels by enemas.
- 4th. To support the system by suitable nutrition and stimulation.

These propositions being self evident we shall not speak of them in much detail; but remark in the outset that the mere routinist only will follow them indiscriminately. The judicious Physician will always be governed by the indications to be met with in his patient, not those contained in the books.

1. Nausea and vomiting are frequently present in the eruptive fever of Variola, and this is nature's first resort to rid herself of the offending cause. Nausea implies relaxation, and this facilitates cutaneous elimination and hence we but follow the leading of nature in prescribing an emetic. Dr. Dickson says, "Mild emesis can scarcely do harm and is servicable besides by favoring a centrifugal determination of the fluids." We conceive the escape of morbid matter from the emunctories of the skin to be in proportion to the relaxation of the system, especially if the agent of that relaxation be

at the same time a diffusive stimulant. I need scarcely remark that *Lobelia Inflata* possesses these properties in an eminent degree, and is therefore especially indicated.

2. The skin is the local outlet for the variolous matter and to this organ does nature, if able, determine it. We must promote a good action in the skin early in the disease by the vapor bath, and sponging often with tepid water. Especially will the vapor bath be indicated in the desiccating stage. To induce cutaneous elimination we can employ composition powder and gently stimulating, diaphoretic teas. Dr. Dickson remarks, "the use of the warm bath should be one of our earliest measures in the management of negroes and whites of the lower class." We agree entirely with the Dr., but go a step further and venture the opinion that in the majority of cases no serious consequences would follow its free use in like circumstances among the "upper ten."

3. The bowels are usually confined more or less, and mildly stimulating enemas will be required occasionally; but we should sedulously avoid drastic cathartics, since active purgation determines inwardly to the bowels and at the same time depletes the patient.

4. The distinctive feature of our treatment is to sustain the patient. The disease must run its course through pimple, vesicle, pustule and scab, and should it prove confluent, a large drain will be made on the energies of life. The more the symptoms incline to Typhus the greater the deficiency of nervous power, and of course the difficulty of keeping up a determination to the surface is increased. We are to support the powers of life by sanative medication if medication be called for, and by good and nourishing food throughout. We must watch untoward symptoms, and meet them as they rise. A decoction of *Hydrastis* applied to the face is spoken of highly to prevent pitting. Particular attention must be paid to Hygiene from first to last, as thorough ventilation, cleanliness, change of linen, &c.

So far as our knowledge extends, Reform Practitioners are almost invincibly successful in treating Variola. This we should look for since they "aid and abet" nature in throwing off the morbid products. Let Reformers then pursue the even tenor of their way till the day dawn even more brightly than now. And, in conclusion, we congratulate "all the world and the rest of mankind" on the fact, that Variola, bad and dreaded as it is, can be disarmed of its terrors, and conducted to a safe issue in a large majority of cases, by strict adherence to the glorious principles of true Medical Reform.

Equal parts of the Sweet Fern leaves and the Wild Indigo root, made into a fomentation, give great and speedy relief in Erysipelas. Dr. Robinson (of Newark, N. J.,) says he has used it extensively, and with unfailing benefit, often curing the most severe cases. Others have tried it on his recommendation, and attest its great efficacy.

CONSTITUTION OF THE N. Y. STATE SOCIETY.

ADOPTED JUNE 13, 1854.

Article 1.—This Society shall be known and called by the name of the NEW YORK STATE BOTANIC MEDICAL SOCIETY.

Art. 2.—Any person who shall have attained the age of twenty-one years, is a citizen of the United States, and a resident of this State, possessing a good moral character, and who has pursued the study of Medicine for at least two years, may become a member of this Society by signing the Constitution, and paying into the Treasury the sum of one dollar.

Art. 3.—The Officers of this Society shall consist of a President, Vice President, Recording and Corresponding Secretaries, Treasurer, five Censors and seven Trustees.

Art. 4.—It shall be the duty of the President to preside at each meeting of this Society, and to preserve good order therein.

Art. 5.—It shall be the duty of the Vice President to preside at every meeting of the Society in the absence of the President, and by his request at all times to officiate in his stead.

Art. 6.—It shall be the duty of the Secretary to make and preserve a record of all the proceedings of this Society, also to keep a record of the names of all the members of the Society, with their residences, and make a true and faithful report at each annual meeting.

Art. 7.—It shall be the duty of the Treasurer to receive and keep all monies or funds that may belong to the Society, and render an account of the state of the Treasury at every regular meeting, and pay the necessary expenses by order of the President, Secretary or Censors, when sanctioned by a vote of a majority of the Society.

Art. 8.—It shall be the duty of the Censors to criticise and examine any member of the Society, that applies to them, relating, to his knowledge of the Science and Practice of Medicine and Surgery upon the Principles inculcated by this Society: and if, upon examination, said applicant be found qualified, they shall recommend him to the Trustees and Faculty of the Metropolitan Medical College for a Diploma, for which he shall pay the sum of dollars.

Art. 9.—The Officers of this Society shall serve for the term of one year, or until the annual meeting of the Society, when the Officers shall be chosen by ballot.

Art. 10.—This Society shall hold a meeting on the second Tuesday of June, annually, at such place as it may previously appoint.

Art. 11.—A majority of all the members present shall rule in the transaction of any business before the Society, and in case of tie, the President shall give the casting vote.

Art. 12.—If any member of this Society that has a Diploma, does, by will, neglect, or bad management in practice, violate or does not conform to the rules and regulations of this Society, he shall, on conviction before the Society, be expelled by a vote of two thirds of the members then present, and a notice of the same shall be pub-

lished in one or more of the news papers in the county where he resides.

Art. 13.—No member of this Society shall practice phlebotomy, or use as a medicine any mineral, animal or vegetable poisons, or any deleterious drugs whatever.

Art. 14.—This Constitution may be altered or revised on concurrence of two thirds of all the members then present at the annual meeting of this Society; and it shall be proper to make such by-laws and regulations as shall be found necessary for the government thereof.

Art. 15.—Seven members of this Society shall constitute a quorum to transact any business therein.

PODOPHYLLIN CUM HYDRARGYRO.

DEAR DOCTOR :—I perceive, in the May number of your Journal, a communication from New Haven, signed "Botanicus, Senr." He there describes two cases of Typhus Fever treated with Podophyllin, and I think his description would be recognized at once, by an Allopathic physician, an old acquaintance. He would know at once that both patients were under the influence of Submuriæ Hydrargyrum. I am well aware that the above is rather severe judgement, but I must confess that I have no confidence in the Reformer (?) who can produce the results described by Botanicus, by administering the above mentioned concentrated medicine.

I have used the Podophyllin in my extensive practice from its first introduction by Dr. King, as manufactured by Mr. Merrell, of Cincinnati. I have given it in hundreds of cases as an alternative, in small doses, for weeks; I have given it in cathartic doses for days; I have exhibited it to the point of emesis, without any combination, and I have yet to see the effects described by Botanicus. Typhus and Typhoid Fevers are prevailing complaints in this locality, I have over a hundred cases every year, and use the Podophyllin in all, with the desirable result, not losing over one per cent of my patients. I am an old Physician, grown grey in Medical Reform, having commenced it when Steam, Lobelia & Co., stood the highest in the hearts of Reformers. I have long been the consulting physician of my brethren in this and the adjoining counties; and I have yet to see the effects described by the writer, except when Podophyllin was combined with Calomel or blue mass. I have been called as counsel in cases similar to those described by him, but being a strong disbeliever in the drooling and spitting allopathic practice, I have accused the attending physician of making such a combination. In every instance, without exception, I have made them acknowledge that Podophyllin with Calomel was their sole reliance in the cure of disease. Comments on such a course are unnecessary. Each one of your readers can reflect upon it, and see *who* are entirely unshackled from the old practice.

Let me give you an example. A clerk to one of the largest pres-

cription druggists of Cincinnati put up medicine for a celebrated Botanic Doctor of that city, receiving ten per cent of the druggist's profits. The following was one of the chief and favorite prescriptions of this Doctor :

Submuriæ Hydrag. (Calomel.)

Jalapa comp. (Compound Jalap.)

Capsicum ann. (Cayenne.)

I believe that my experience will be of service to Botanicus, and in future, when he comes in contact with such cases, he can lay the sin at the door where it properly belongs.

Yours most truly,

SAML. T. TEAL, M. D.

Lockport, July, 1854.

FAVORITES OF THE SUICIDE.

BY DR. J. QUIGLEY.

Without stopping to philosophise or moralise on the heinousness of self-destruction, I will give it as my opinion, that it is as much an act of *felo de se* to take five or ten years from a life by pernicious practices, as to sever the jugular or scatter the brains. A willing indulgence in life-destroying habits is suicidal, producing the same results as the halter, the razor or the pistol. If this opinion is correct, the American people have the most suicidal tendencies of any people on earth, completely bearing off the palm that has been so long accorded to Frenchmen. The several modes adopted by the two nations in this business, is peculiarly characteristic of each, for while the French romantically flings himself into the Seine, blows his brains out in a theatre, or breathes charcoal fumes in a garret, the American sets about his destruction in that cool, calculating business manner, which marks them as a people. The following are a few of the favorite Suicidal means which they adopt :

Wearing thin soled and leaky shoes in rainy weather.

Building their houses on the air tight principle.

Keeping the mind in a state of unnatural excitement by reading novels.

Dancing in ball-rooms till in a perspiration, and then going home through the damp night air with thin dresses on.

Sleeping on feather beds in 7 x 9 bedrooms.

Surfeting on hot and highly-seasoned dishes.

Beginning in childhood on tea, and going on through coffee, tobacco, wine and opium.

Marrying in haste, getting an uncongenial or unhealthy companion, and then living in a state of dissatisfaction.

Intermarrying.

Keeping children quiet by learning them to suck candy.

Living encased in filth because too lazy or too busy to wash the body.

Allowing love of gain so to absorb the mind as not to have any time to live.

Contriving to keep in a constant worry about something or nothing.

Retiring at midnight and rising at noon.

Tempting the appetite with nicities when the stomach says, no.

Neglecting to take proper care of ourselves when a simple disease first appears. Then,

Indiscriminately swallowing great quantities of patent nostrums:

Taking all the Calomel, Corrosive Sublimate and Arsenic, or

Submitting to all the bloodletting and leeching operations prescribed by "Regular" "Scientific" Doctors!

FEVER.

READ BEFORE THE N. Y. STATE BOTANIC SOCIETY,

BY L. S. LUDINGTON, M. D.

POPULAR Medical authors have admitted themselves to be ignorant of the real nature of Fever and Inflammation, and equally ignorant of the natural indications in their treatment; and this latter is but the result of the want of information on the former.

It is not my object here to treat of Fever under any of its given names, by which many writers have so labored to *distinguish it from itself*; but I merely design to make some general remarks upon the subject, and while so many conflicting definitions of Fever have been given to the medical world, I adopt and will seek to illustrate that brief one, "Fever is not a disease, but an exhibition of *Nature's efforts* to expel disease from the system." The causes which give rise to this symptom, or effect, are very various, but may be classed under three propositions:—1st. An undue proportion, whether of increase or decrease, of the elements which enter into the composition of the human body. 2nd. A retention of the waste or disintegrated tissues of the frame. 3rd. The reception, into the system, of material calculated to disturb or destroy any part of the body. In either of these circumstances, nature arouses to an effort for the removal of the accumulated materials, or for a repossession of the native material destroyed; and this effort is continued until the object is gained or the system exhausted.

Of these three classes of causes, the two last will probably be at once admitted, while some exceptions may be taken to the first one, I will, therefore, illustrate my meaning by a few instances. Take a case in which a surplus of the element Oxygen is received into the system, and Physiology at once leads us to expect an increased arterial action with excess of heat, constituting a fever as a result, effect or symptom of such introduction. If there is a lack of this element, the system will put forth wearying efforts to obtain it, and in consequence of this fatigue she will fail to perform the work of secretion and excretion; this results in retention of matter which at once irri-

tates, and proves a cause of Fever. And of the elements Hydrogen and Carbon, their excess or diminution gives rise to similar results; and it is familiar to all that too much food, even healthy food, excites to gastric and arterial irritation, while Fever is, always an attendant upon starvation.

And that Fever is the result of a cause, and not itself a cause of derangement, may appear plain by familiar examples. Thus let a piece of wood, iron or other foreign substance be introduced into a tissue. The nerves supplying that part become disturbed, quickly convey a complaint of the invasion to the brain, from which goes forth a mandate, directing all the disposeable vital force to the injured part, Inflammation (Fever) is the consequence. A secondary effect is then produced, namely, closing of the excreting vessels of the part; the "waste matter" is retained and continues to increase in quantity around the foreign body, until all nourishment is cut off, and the living fibre *dies* and is cast out by suppuration.

If poison is introduced by the stomach or by the venomd bite of a reptile, Fever and all its accompaniments are known to result. In all these cases the excitement is evidently a *result*, a symptom, and the labored arterial action is the effort of alarmed vitality to relieve itself of its foe. If it is not, what is it? The *Scientific* Doctors say they don't know, then who can tell us?

And concerning the *Treatment*, let me add a few words, 1st. *Negatively*. Venesection should not be resorted to, for if the disease is *not* in the blood, why take the blood away? If it *is* in the blood, how can we remove the disease from the system by abstracting only a part of this fluid? The whole must be taken to effect a cure; and the plan is as wise as it would be to cut off ones head to cure cephalagia. Nature and the Bible declare that "the life of the flesh is in the blood." If you take away the blood you take away the life in the same proportion, and physic is made an art of killing rather than of curing.

Calomel should never find a place in the *Materia Medica*, for it is not a *remedy* but a *poison*. It does not *cure* disease, but *causes* many new diseases. It enters the circulation, clogs the nutrient vessels, cuts off nourishment from the bones, thereby causing their decay.

2nd. *Positively*. Nature, instead of being robbed of her resources, or provoked to new efforts (by the imposing of more work) should simply be *assisted* in the performance of what she is already trying to do, she should be refreshed, sustained and strengthened by the means which she herself dictates.

If the sliver is removed from the place of its deposit, the only work left for nature to do is to heal the wound; and in this she may be assisted by shutting out from the part affected whatever might interfere with her labors.—If the poison has been neutralized or removed, nature has an opportunity to gain upon her adversary, and restore the system to safety. Or if, by closing of the excretory vessels,

effete matter accumulates in the system, nature is to be assisted by using means to open the obstructed glands, and she and her allies will arouse themselves for the expulsion of the offensive material.

Yet it sometimes occurs that when the remedies in common use by us have been applied with apparent good effects, the fever having abated and signs of convalescence appearing, the fever has again returned, the previous processes are repeated, nature gets exhausted, the patient sinks and dies. The question now arises, why did not these previously employed remedies again produce their good results? I confess myself in want of light on this matter, and hope that some information or explanation may be given me from some source. A thought, however, has occurred to me, which I will venture to give you, namely:—That there are deposits in the capillaries (either external or internal) which are insoluble in any of the fluids that come in contact with them, and are particles of such magnitude as to be prevented of removal by perspiration. We often hear patients complain of a *sticky, gluey* feeling of the surface after sweating profusely. May it not be that what remains is of a similar character, but not dissolved so readily. If so, the question is, what solvents can be brought to bear on these deposits with safety and success.

Wallingford, Conn. June, 1854.

PUERPERAL CONVULSIONS.

BY E. A. BROWN, M. D.

I PROPOSE, Friend Cook, to give you a brief statement of a case of the above formidable disease, which recently happened in my practice. I am induced so to do by a desire to bring this important subject before the minds of the fraternity, with the hope of eliciting their particular views of the cause, and their experience in treatment, so that we may be better qualified to meet this frightful difficulty with promptness and success.

In the morning of the 25th of April, I was requested to see Mrs. D . . . s, a short thick set, and muscular woman, of sanguino-nervous temperament, aged 31. She was in the first labor. Her pains had been regular, for four hours previous to my arrival, though not severe.

Upon examination I found the os uteri dilated to about two inches in diameter. I found also a considerable contraction of the pelvis in its conjugate diameter. Seeing that there was no urgency about the case, and thinking very reasonably that time had not arrived for any definite assistance, I returned home—but a few rods distant—with a promise to see her again in one hour. At my second visit her pains were slowly increasing, but found no correspondingly increased dilatation of the os uteri. Supposing a little time would produce the necessary relaxation and that the foetal skull would accommodate itself to the deformity of the pelvis, I awaited patiently the result.

After watching the progress of the case for about half an hour,

during which time nothing unusual appeared; the patient joining at times in the conversation; I was much surprised to see her fall backward in a frightful convulsion, from the side of the bed, upon which she was at that moment sitting. All the voluntary muscles were suddenly thrown into a state of violent spasms; alternating with momentary relaxations, so that incessant contortions and twitchings were produced. The breathing was irregular and labored, and principally performed through the nose, as the teeth were set, and through them a quantity of frothy saliva was forced. The eyelids were half open, the eyes turned upward so that but a small portion of the cornea could be seen. I readily recognized it as a case of Puerperal Convulsions, and knowing the influence which Lobelia has over ordinary Spasmodic action, I immediately poured a desert spoonful of the tinct. between the teeth which soon found its way to the throat, and through its peculiar effect upon the membranes of the throat, a slight attempt at deglutition was perceived. A slight strangling was caused by the tinct. which aroused an effort to raise the head, and in about five minutes more the convulsion subsided leaving the patient in a comatose state. In a few moments another spoonful of the tinct. was given, and in the meantime I ordered a warm foot bath, with brisk friction to the extremities, and cold water applied to the head. Not more than ten minutes however had elapsed before a pain came on, which upon examination I found, availed nothing, and as soon as the pain ceased, another convulsive paroxysm seized her with unabated violence. The dose as above was repeated with less difficulty of swallowing than before. At the accession of the first fit I ordered an infusion of Lobelia seed with a small portion of capsicum to be prepared, which was now ready, and was substituted for the tinct; a teaspoonful being given every three to five minutes, with a view to produce more complete relaxation if possible.

Three or four doses only had been taken, when the paroxysm again ceased and left her in a complete coma. A few moments more intervened and she was attacked with vomiting, and manifested another inefficient pain, which only ceased to give place to another fit as severe and as lengthy as before.

The treatment was continued, but beginning to feel that no alleviation from the spasms was likely to accrue from the present treatment, and always entertaining the opinion that the spasms were caused from irritation, or some deranged state of the uterus propagated to the brain, and thinking too that as much time had elapsed as was consistent with the woman's safety, I resolved on delivery as soon as possible. The question now was: How it should be accomplished.

Finding on examination the head still entirely above the brim of the pelvis with not dilatation enough to admit of the use of the forceps, nor the operation of turning, (neither of which would have availed anything if accomplished, considering the contracted pelvis as an

obstacle,) I was driven to the Perforator, which, observing no prospect of abatement of the convulsive action, I no longer hesitated to use. A sufficiently large opening being made to allow a free egress to the brain, the skull soon collapsed, so that I was enabled by the help of the crotchet, to complete the delivery in about fifteen minutes, having to proceed slowly to allow the os uteri to dilate, which it did quite readily as soon as the collapsed skull began to enter it. The patient meanwhile, being free from the last paroxysm, remained in a deep coma, entirely insensible as to what had passed. She was immediately put to bed, and a dose of castor oil with a half grain of Podophyllin was given to act on the bowels. Stimulating and laxative enemata were also given and repeated every half hour to assist in moving the bowels and equalizing the circulation; cold applied to the head, &c. In about two and a half hours the bowels moved actively several times within the four following hours. Seeing some slight return of consciousness, I was encouraged to persevere in the treatment and predict a favorable prognosis. Twenty hours afterward, being not yet recovered so as to recognize persons, another dose of oil and Podophyllin was given with a good effect, and on the morning of the 27th, I had the satisfaction of seeing my patient entirely conscious.

Her convalescence was as rapid as in ordinary cases, -
Danbury, Conn. Aug. 10, 1854.

Editorial:

CUTANEOUS DISEASES.

PRURIGO.—In prurigo the papulæ are very little discolored, being nearly of the same color as the skin; but they are larger than the lichen. They are particularly characterized by itching, which is a far more striking symptom than the eruption itself.

The papulæ are not so pointed as in lichen. The itching is so severe that people scratch themselves till they rub off the skin, and then we may have vesicles, and if the scratching is continued, suppuration will take place and we have pustules, and the skin may even be brought into such a state that it will crack, and become indurated and hypertrophied; it then becomes chronic.

If the disease occurs in the mildest form, it is called *Prurigo mitis*. This chiefly affects the young, though not confined to them. It occurs particularly about the spring or beginning of summer. It is said by some to degenerate into the itch, but this is doubtful. Sometimes the eruption is scarcely visible at all, yet there is intense itching.

If the disease is very severe and the itching resembling the bite of an ant it is called *Prurigo formicans*. This is really a dreadful disease. It affects

adults at all periods, and it occurs in every part of the body except the palms of the hands and the soles of the feet. It is sometimes preceded by feverishness, pain in the head and sickness.

There is a third form, which is confined to old age, and thence called *Prurigo senilis*. This is also a very severe form of the disease. It generally continues very obstinate and for a long period. There are no scales, or scabs, or water, nor is there any pus.

This form of disease is sometimes local, and confined to some particular part of the system, and is named from its locality. When it is confined to the prepuce of the male it is called *Prurigo preputii*. Sometimes it has occurred within the urethra; it is then named *Prurigo urethralis*. If it affect the extremity of the rectum, it would be *Prurigo podicis*. The worst seat of it, however, is in the pudendum of the female, *Prurigo pudendi muliebris*. It is so distressing that the female cannot go into society at all. It often excites desire for copulation, and produces nymphomania. It rarely occurs in females before the middle period of life. It sometimes comes on after the fourth month in pregnancy.

Dr. Willan attributes the milder form of prurigo to sordes collected on the skin, producing some degree of irritation, and also preventing the free discharge of the cutaneous exhalations: the bad consequences of which must necessarily be felt at that season of the year when the perspiration is most copious. Hence he considers those who have originally a delicate or irritable skin, will in such circumstances be the greatest sufferers. The worst form, *Prurigo formicans*, according to Willan, is attended with an unhealthy condition of the system, consequent often on grief, watching, fatigue and poor diet. Want of proper cleanliness is also a frequent cause of this disease among the lower classes. Certain modes of diet have likewise a considerable effect in aggravating or exciting the *Prurigo formicans*. Many persons are affected with it who in the summer season live much upon fish and other stimulent animal food, and especially those who drink freely of wine or spirituous liquors.

This is not a dangerous disease, seldom fatal, except it is complicated with other complaints; yet it is sometimes a most troublesome affection.

Treatment.—In the first place the most scrupulous attention should be paid to cleanliness; then applications of cold water to the parts affected. Let them be bathed as often as the itching comes on, it will always afford relief.

Astringent washes are indicated in many cases, and as the blood is often in a morbid state, alteratives will be found to be beneficial; and general treatment to invigorate and renew the whole system. Diuretics are sometimes indicated. Search must be made for the cause and it must be re-

moved, whether it be in the diet, want of cleanliness, any habits of body or mind, or from any irritation whatever—it must be removed.

Patients should avoid going near the fire or taking much exercise, so as to irritate the skin.

For local applications, vinegar and water, chloride of lime or soda, will be found to be advantageous, as it may have an effect to neutralize any irritating substance that may be in the capillary system of the surface. Worms in the rectum will cause *Prurigo podicis* and they must be removed; so will stone in the bladder cause an itching of the bladder. In these cases, vermifuges and general remedies will be indicated.

POMPHOLYX, WATER BLEBS.

We have in this disease large vesicles filled with a watery fluid. It receives its name from a Greek word, which means a *bladder*. When it breaks, an excoriated surface is exposed, and a scab is formed of the fluid and cuticle together.

The pathological condition, giving rise to this form of eruption, consists in an inflammation of the rete mucosum; by which a more copious secretion of serous fluid takes place, than can be transmitted by the cuticle, thus causing its separation and elevation. In proof of this, we may mention, that the rete mucosum remains adherent to the cutis, and is not detached with the cuticle, as happens when this latter is forcibly torn off.

Bateman describes three varieties of this affection, viz. *Pompholix benignus*, *Pompholix solitarius*, and *Pompholix diutinus*, because it is chronic. It is folly to make these names, or to try to keep up distinctions in this form of disease. It may be well, however, for us to recollect that the disease may come on with only *one* vesicle, or that there may be *several*, or that it may last for a *short* time or a *long* time.

Any large vesicle on the skin occurring as an idiopathic affection, may be called a pompholix. Sometimes there is only one of these bullæ, and sometimes there is a succession of them, and persons will have them month after month. Sometimes, all at once, there will appear a great bleb on the foot, and we have only to pinch it and it goes away, without any other treatment.

Treatment.—But little is required, as it is a form of disease almost always complicated with other complaints. The warm and vapor baths, with constitutional treatment, and an attention to such local difficulties as may exist, is all the direction necessary in this complaint.

IMPETIGO.

This disease will occur sometimes in circumscribed patches, and resembles herpes very much; it is then called *impetigo figurata*, and frequently there is inflammation round it. This form when it occurs about the face is the

same disease that is called by some authors *crusta lactea*. When this eruption is very much extended over the surface, it is called *impetigo sparsa* (sprinkled.) Now and then there is a thick scab, and then it is called *impetigo scabida*. The parts look like the bark of a tree: only it is not a diseased cuticle, but a real scab formed of real pus. When there is much inflammation round, it is called *impetigo cysipelatodes*, and, again, there is such irritation, that it is denominated *impetigo radens* or gnawing. But these names are of but little use. It is only for us to remember, that this disease may occur with scabs, with a great deal of inflammation, and that it may occur with ulceration. This disease occurs particularly on the extremities. We see both sexes affected with this disease on the front of their legs; sometimes running all round, and sometimes upon the arm. If it is not properly treated, it will sometimes last for a very considerable time, even for years. Sometimes there is considerable inflammation attending it.

Treatment.—Particular attention should be paid to diet in this disease, for without abstinence from those gross and hearty and greasy articles, it will be an obstinate disease to manage. Cold water applied often and continued will effect a cure. Most of the chlorides, as a wash, are beneficial.

There need be little variation in the treatment of this affection, from those we have described, which are so similar, especially Eczema, as this form may be mistaken for it, or may run into it.

ECTHYMA.

This form of pustular disease is named *ecthema* from the Greek *ecthuo*, to break out. The pustules are all distinct. In *impetigo* the pustules cluster, but in this they are all quite distinct, and sometimes very large. Without knowing any thing of the history of the case, at first we might think that the patient had the small pox. It is said to exhibit itself in the venereal wards of the hospital among those who have taken mercury, in consequence of that poison. The pustules are all distinct, large, circular and full of matter; not flat on the top, but globular.

Diagnosis.—The pustules are distinct in this disease, and some of them run into scabs. They are not very numerous except when they are quite small, they may be so. In *impetigo* the pustules are circular and not so distended; and have little flat tops. Sometimes in *impetigo* they will congregate into one large mass; but in *ecthema* the scabs are all distinct, though they may be large.

One of the varieties of this disease is called *ecthema vulgare*, and it certainly gives a person a very vulgar appearance; if it be a little darker, it is called *ecthema luridum*, and if it occur in children, it is called *ecthema infantile*. But these various subdivisions of Willan are unimportant.

It often occurs, as in other cutaneous affections, with a sharp inflammation,

and may last for a short time ; just like herpes, or some other inflammations, which produce mere serum, or which cause no secretion at all, but constitute a mere redness. In most cases, ecthyma is a chronic affection, and lasts a considerable time, as it attacks patients who are out of health, and are suffering under other forms of disease.

Treatment.—The most eligible treatment is to strengthen the patient the best way we can. Use that general tonic plan that will tend to restore the health, and remove disease from the other organs that may be implicated.

The cold bath, the wet sheet, the warm bath, and the vapor bath, occasionally are all indicated.

RUPID.

This name is sometimes applied to an eruption that cannot be distinguished from ecthyma. It occurs in the same circumstances, the secretion soon becomes purulent, and after a time there are the same black scabs. When the scab becomes conical, it is called *rupia prominens*. We have the same appearance in ecthyma.

This is quite a common disease among children after measles, small pox, or almost any other complaint that they may have. There are two species of this affection, viz. *rupio simplex* and *rupia prominens*, as mentioned above, but they do not require a farther description, as the same remarks we have made above about ecthyma will apply equally to this.

Treatment.—The same course as recommended for ecthyma, and for almost all these cutaneous affections. We must see that the parts are kept clean, and frequently bathed in tepid and cool water. I. M. C.

NEWTON ON THORACIC DISEASES.

"THORACIC DISEASES, their Pathology, Diagnosis and Treatment," is the title of a newly issued work, that was begun by the late Professor Calvin Newton, and has recently been completed and published by Dr. M. Calkins.

It is a work of sterling merit, full of knowledge and rich in both philosophy and experience. This work will greatly add to the former reputation of Calvin Newton ; and his friend, Dr. Calkins, has ably completed a noble volume, and has performed a task of which he may feel proud. The hidden nature of the class of diseases here treated upon, gives them a peculiar interest in the eyes of the Profession, and any thing pertaining to them is generally read with avidity. A feeling of anxious curiosity concerning the present work has prevailed ever since the first intimation of it was given, and none has been more eager than ourselves to see the result of the long labors of New England's Medical Reformer. Now that the publication is issued we will say, from our hasty examination of it, that our expectations have been more than satisfied. The whole volume gives evidence of long obser-

vation, careful thinking, much experience, and labored compilation. All the lesions of the thoracic viscera are treated of, the description and diagnosis being very minute. The arrangement is simple, the style excellent and the matter replete with interest. The work is a valuable addition to our scanty list of text books, and is well deserving the patronage of the Profession. It can be obtained of Coolidge, Adams & Bond, and of Law & Boyd in this city, and Hadley & Duryee, Rochester.

THE WONDERS OF SCIENCE.

THE following, from the Journal of Pharmacy, is another astounding proof of the great erudition of that venerable association known as the Society of Physicians and Surgeons.

"*Aconite Liniment*.—Macerate four ounces of powdered aconite root in half a pint of alcohol, for twenty-four hours; then place it in a displacer, and add alcohol gradually until a pint of tincture has passed. Distil off twelve fluid ounces, and evaporate the residue until it measures twelve fluid drachms. To this add two fluid drachms each of alcohol and glycerin, and mix them. It is used as an external anæsthetic application in the following manner: Cut a piece of lint or muslin of the size and form of the part to be treated, lay it on a plate or waiter, and by means of a camel's-hair brush saturate it with the liniment. This may be applied to the surface with a piece of oiled silk laid over it to prevent evaporation. It should not be applied to an abraded surface, and the patient should be cautioned in regard to its poisonous character."

Beautiful! how *very* beautiful! and withal how SCIENTIFIC! What a sublimity is there in that art which calls to its aid various mortars, pestals, menstruums, percolators, scales, sand baths, condensers, stills, glasses, tubes, bottles, slabs, spatulas &c. &c., in the preparation of a single liniment! How to be worshipped is that divine skill which concocts its panaceas by means of such perfected manipulations! And then of the liniment itself, O, how awfully potent and invaluable! True, when the Doctor has put it on, and is just about leaving, he had better tell his patient that it will probably cause irritation, swelling, heat, redness and acute prickling in the part; that it is likely to be absorbed into the system, and cause nausea, dizziness, spasms, purging, burning heat in the stomach, vomiting, congestion of the lungs and brain, stupor, paralysis, delirium and convulsions; and when it has occasioned these, it is somewhat probable that he will die. But when he has borne these symptoms *with a little patience*, he will find that his pains have disappeared, which must be taken as proof positive that the liniment is an all-powerful anæsthetic, and SCIENCE is to be considered triumphant.

CORRESPONDENCE.

MY DEAR DOCTOR COOK :—I have just taken from the Postoffice the eighth number of your Journal, and in it I find a bill, asking as a favor the amount of the essential element due, to insure its regular appearance. I inclose a dollar, and with it a wish for the success of your Journal, and the continued rapid spread of the cause of Reform. A good wish for a good cause is all well enough in itself, but is rather intangible and useless except it be accompanied by the money. I like your paper for its liberality and its consistent and fearless advocacy of truth. It is to your State what the good old Recorder is to the West. This paper I have taken for the last ten years, and I could not think of such a thing as getting along without it. But my mind shrinks back upon itself almost melancholic, at the thought that he who has so long and so efficiently wielded its editorial pen, is so far advanced in years. His name stands registered on the bright page of fame, and will live there long after his detractors are buried and forgotten.

I am glad that Concentrated Medicines are being noticed through your Journal, for I fell out with them long ago, for good and sufficient reasons.

Yours Respectfully,

C. COFFRAIN.

Rockland, Me., Aug. 16, 1854.

DEAR SIR :—Inclosed please find 50 cents in stamps, and discontinue the Journal to my address. I have no use for it. The doctrines taught in it are no doubt good, but altogether too crude for this latitude. My patients have taken Homœopathy too long to come down to *simples* like "Roots and Yarbs," no matter how much more beneficial such a course might be. The practitioner must please the patient, however unreasonable or whimsical their wishes. I hope your enterprise will succeed and be the means of doing much good.

* * *

REMARKS.

We publish the above letters, that our readers may share our amusement at seeing the contrasting spirits of two men, both calling themselves Reformers. The one sustains us because we are advocates of *Truth*, irrespective of the prejudices of people or profession. The other gets rid of us because we are *too crude* for the (unreasonable and whimsical) patients he is called to visit. The one patronizes ourselves and our brother of the west, because we are earnest for right and humanity; the other thinks we are *too simple*, and have not sufficient polish and pliancy and oiliness to conform to the notions of the aristocrat or the fancies and the whims of the silly. Our position is good, aye the best, but it does not suit his customers; so the

"unreasonable and whimsical" patients are allowed to do his professional thinking, and advise him what medical literature to take and what to refuse. His philanthropy is measured by the fee he gets, and he is Allopath, Eclectic, Chrono-Thermal, Hydropath or Homœopath, just to suit the occasion. Away with such humbuggery. Give us the man who has an opinion, *an opinion of his own*, and who is not afraid to declare and defend it.

LIGHT IN DARK PLACES.

WE were somewhat amused a few days ago while going round the Ward of the Bellevue Hospital of this city to hear the attending physician speak of a "*new remedy*" that they were just using in the hospital: it is called the Podophillum said he, from two to three grains is a dose, and it produces very good results and copious discharges. It has been used by the empirics or by a class of irregular physicians for some time, but has never yet been introduced into regular practice."

In passing along we were referred to another case where the Podophillum was being tried; thus we see the light is beginning to shine in these dark places, and some of our invaluable remedies are becoming recognized by the old faculty. If we can only induce the hospitals in this city to use various other articles of our Materia Medica they would find them not only *equal to*, but *far superior*, in their action, to a great majority of the poisonous remedies which they recommend so universally. It is a great pity they could not be induced to use the Lobelia and some of our pure stimulents and tonics, what a change would come over the spirit of their dreams; these "*old fogies*" would wake up like Rip Van Winkle, and find the world had advanced while they hardly held their own.

In the surgical Wards of these hospitals they are *beginning* to learn some *old practices*. In the City Hospital, they have reduced ten luxations in recession by the Sweet method of manœuvre by using the hand as a lever and flexing the limb. This method has been in use for 50 years by Medical Reformers and is now just introduced to the "*Regular*" faculty, and they are *delighted* with its success. No use for pullies hereafter.

Surely, the light of true medical science is beginning to dawn on the darkened minds of the Old School faculty, and we may yet hope, that their *theories*, which now bind them so fast, will soon give away before the plain and simple teachings of Nature,

I. M. C.

A medical student in this city was recently arrested for endeavoring to poison a family by putting oxymuriate of mercury into the tea-caddy. He was a foolish fellow, for he should have waited until he got his Diploma,

and then he might have satisfied his revenge by administering the oxy-muriate or any other preparation of mercury; and if he had killed a dozen families, the law would have recognized it as *Science* and his skill would have shown the "vulgar people" to how great advantage he had read the "*Authorities*."

TO CORRESPONDENTS.

"I. S. S., Detroit."—It is, indeed, too true that many Reformers are going backward, and their progress is from simple medication to heroic depletion. But we look upon these as no better than Allopaths, aye as worse, for they adopt means and teach doctrines that Allopathy itself has long discarded. You speak of agents travelling and selling Diplomas, and say that "yourself and many others are astonished at some persons who have a College M. D. appended to their names." You may put us down among those "others," for we feel a similar astonishment. We denounce the promiscuous issuing of Diplomas, no matter by whom practiced; and we predict the decay, or a despised existence which is worse than decay, of every College which makes a market of its honors. The morals of such Institutions are rotten with leprous poison, and their existence is a curse to humanity. Our hand is raised against them, and we labor for the annihilation of these and all other deceptive nets. *Give us proper Colleges or none at all.*

"M. A. S."—Your espistle has been read with much interest, yet would not be suitable to our readers. Do not feel dissappointed because it is not published, for you give excellent promise, and a little experience would master some defects. Try again, and any advice or assistance we can render shall be given.

"C. B. N."—We received a dollar from Dr. E. which we credited to him, but perhaps it was your subscription. His letter is destroyed, and we cannot determine the matter without his assistance, but if the mistake is on our part, we will gladly rectify it.

"N. W., Maine."—The "dun" you received in the last number was intended for another person of the same name, and by accident it was sent to you. *Your* dollar was received, and is credited in our account.

The matter for the Journal goes into the Printers hands by the 10th of each month, and our friends would oblige us by forwarding their monthly communications previous to that date. The money *should* go to him at the same time, but our friends seem to forget that part of the story. Won't they try and remember it? We would feel grateful.

METROPOLITAN MEDICAL COLLEGE.

THIRD ANNUAL ANNOUNCEMENT.

In presenting their Third Annual Announcement, the Trustees of the Metropolitan Medical College would congratulate the friends of true Medical Reform, throughout the United States, upon the success which has thus far attended their efforts in establishing this Institution upon a permanent and reliable basis.

This College was Incorporated in 1852 with University powers; and, through the munificence of the friends of Medical Reform, we have secured a College Edifice with spacious and pleasant Lecture Rooms, and an airy and well-lighted dissecting room, which far surpasses any thing of the kind in the city.

From the known ability and well-tryed experience of our Faculty, as teachers of true Medical Science; from the conveniencies of Apparatus, Preparations, &c., &c., possessed by the Institution, and from the advantages of public and private Hospitals and Anatomical Museums, afforded by this city, which far surpasses any other city on this continent in the number of patients and magnitude of Anatomical Preparations, and to all of which our students have free access; we promise as thorough and complete a course of Medical Instruction, as is furnished by any Institution in the United States; and the highest attainments in medical science and literature will be required, in all cases, of candidates for graduation.

Reform Medical Students enjoy the same privileges of access to the Hospitals as those of other Colleges. There are about ten thousand patients received annually in the New York city Hospital, and the Emigrant's Hospital has over seventeen thousand occupants every year.

In the City Hospital they can visit two Medical and two Surgical Cliniques every week, and the Surgical and Lying-in Wards of the Emigrant's Hospital will be visited every Saturday.

The Anatomical Museum (which is the largest in this country) offers the amplest field for the study of Human and Comparative Anatomy.

They will also have free admission to the Astor Library, containing the largest and best collection of Medical Literature on the globe.

The teachings of the Metropolitan will be strictly based upon the doctrines contained in the Platform of Principles of Medical Reform, adopted by the National Medical Reform Convention, convened at the city of Baltimore in 1852.

In the ultimate triumph of these principles as the basis of all true medical science, we have an unwavering faith, and we trust the friends of this Reform will continue to co-operate with us in our endeavours to elevate the

standard of medical scholarship to the height aimed at by this Institution.

The Board would also take this opportunity freely and candidly to express the hope, that inasmuch as the different sects and *isms* have adopted some term as significant of their principles and practice, that we secure to ourselves, as advocates of the above platform, the specific cognomen of Medical Reformers ; and for this Reform we claim Dr. Samuel Thomson of New Hampshire, the father and founder ; and although the pages of medical literature have been ably adorned by the labors and untiring zeal of a Howard, a Hersey, Worthy, Nardin and others, who have gone to their reward and left an undying name to their posterity, still, we think, to Samuel Thomson belongs the honor of being considered the father of this Reform, and to whom the world is indebted for the inestimable benefits arising from it.

We consider it due to the public to state our position and our principles fairly. No exaggerations or misrepresentations are used to induce students to attend the Lectures of this Institution. They will find these privileges and advantages more than realized by attending here. It is a well known fact that the want of a school where these privileges and facilities exist, has heretofore sent hundreds of our students into the Allopathic Colleges for their medical education, and where they have, to a certain extent, become contaminated by the "absurdities, contradictions and falsehoods" of their teaching.

If the testimony of the students who have attended the two courses of Lectures in this College is to be received as evidence of the high character of the instructions imparted, of the zeal and faithfulness of the several Professors, and of the entire satisfaction which has been felt and expressed by the graduates of the College, we have sufficient warrant for saying, that no student who comes here for the purpose of qualifying himself for the responsible duties of the profession, shall go away disappointed.

With our sister Institutions, engaged in the same great cause, we aim only to stand in the relation of a co-laborer and an important co-relative, furnishing to their students and graduates many facilities and advantages peculiar to our favorable position.

The next Session of the Metropolitan Medical College will commence on the second Tuesday in March, 1855, and continue four months.

FEES.

The entire fee for Matriculation and Lectures will be	-	\$100.00
Graduation,	- - - - -	20.00
Students having attended two courses in any other Medical College, but none in this,	- - - - -	10.00

As we are desirous to accommodate all who wish to enter the profession, if any student is limited in his circumstances and unable to pay the full amount, by making arrangements with the President of the Board and the Faculty, he can be admitted on more favorable terms, which arrangement shall be confidential.

Good Board can be obtained in the city for \$2.50. to 4.50, per week, with all the comforts of good room, lights, fuel, &c.

Students wishing further information will address H. M. Sweet, M. D., *Sec.*, at the office of the Board of Trustees, No. 16 West 13th Street, N. Y. or Prof. I. M. Comings, No. 68 East Broadway.

A. DOOLITTLE, M. D., *Pres.*

H. M. SWEET, M. D., *Sec.*

Faculty of Medicine.

ISAAC M. COMINGS, A. M., M. D.,

Professor of Anatomy and Surgery.

I. N. LOOMIS, A. M., M. D., F. R. C. S., &c.

Professor of Chemistry and Botany.

JOSEPH D. FRIEND, M. D.,

Professor of Physiology and Pathology.

HENRY A. ARCHER, M. D.,

Professor of Theory and Practice, and Clinical Medicine.

THEODORE S. SPERRY, M. D.,

Professor of Materia Medica, and Therapeutics.

SILAS WILCOX, M. D.,

Professor of Obstetrics and Diseases of Women and Children.

HENRY S. LINCOLN, A. M., M. D.,

Professor of Medical Jurisprudence.

THE
Journal of Medical Reform.

OCTOBER, 1854.

Selections.

PREVENTIVE MEDICATION.

THE follownig extract from the address of Prof. Reuben, before the graduating Class in the Worcester Institution, contains some fearless and outspoken remarks on preventive medication. "The relations of the man to society" are happily illustrated.

"In nothing else do we proceed as in matters of health. The Teacher does not wait always until his pupil has already suffered from ignorance, and then, when the mischief is done, bestir himself to communicate the knowledge that was previously needed. Rather it is understood to be his business to instruct and inform his pupil beforehand, to equip him with the requisite knowledge, and "thoroughly furnish" him with facts and principles that shall prepare him to profit by his circumstances and occupation in life. The Pastor does not leave his flock to run on unwarned into vice and crime, and then devote his labor to imploring pardon for, and averting the consequences of, each special offence as it may be committed. Rather his duty is to forewarn of evil, to instruct his hearers what are its forms, its nature, its consequences, and to urge them to shun it, that they may avoid its penalties. The parent does not leave his child to run unadmonished a career of folly and vice, and then meet him at the gallows' foot to labor and pray for his pardon and his reinstatement in society. Rather he is "instant in season and out of season," in his efforts to imprint moral precepts and the maxims of discretion and economy that will secure positive good, without the necessity of his reaping at all the bitter harvest of committed crime.

Why then do the parent and physician alike and together, wait until physical laws have been violated, until the penalty of broken physical law shows itself in actual pain and disease, often in impending dissolution, before they begin to labor *to secure the inestimable blessing of health,—before they even begin to teach the laws of life,*

or enforce the necessity of their observance? It is most astonishing with what indifference we sleep over the immeasurable interest of health, until the seeds of death are already far matured, and the grave opens for his victim!—And yet I honestly believe the fault is rather that of the *people*, than of their physicians. The love of money, of show, of power, of place, of animal indulgences,—these are the absorbing objects that completely stupify the public brain to ideas of health,—that people fast, the “cities under ground” with insane beings scrambling on in search of gratifications, while their own constitutions are falling to pieces in the chase. Let the people once awake; let them consider but a moment that they now pay their physicians only while they are sick, and so inevitably make it the physician’s interest that they *shall be sick*; let them once imitate the wisdom of the semi-barbarous Persians, and pay their physicians *a salary, to preserve them in health*, as they have long done by ministers, and (I speak it advisedly and with due reflection) an immense improvement in the public health, and a great lengthening of the average of life, *would necessarily* and at once be the results, and the world would begin to escape from under the curses that now blight the hopes, and prematurely extinguish the lives, of more than nine-tenths of all that are born!

Disease is the necessary result of conditions unfriendly to the manifestations of vitality. So surely, then, will health be the result of conditions that are friendly. A tomb-stone in New Jersey records, “Died of thin shoes.” How often would a true epitaph read, Died of *tobacco*, of *alcohol*, of *tight lacing*, of *poisonous drugs*, of *pork and pastry*—nay even of those extremely convenient articles for the cook, *soda and saleratus*! My plainness may seem to need an apology; but like politeness, health consists “in a multitude of little things;” and these must all receive attention.

We must learn to have faith in *laws*; for laws are busy, at this instant and at all instants during life, either in digging our graves, or else in forging the golden chain that is to link our existence yet to hope, exertion, and happiness. This faith, indeed, the physician has already learned; for he sees physical law working out its sure results within the deep and quiet recesses of the organism, and this, for good or for harm, in a thousand ways. The faith he feels in law, he should labor to awaken in other minds. He meets everywhere with proofs of its reality the most convincing and terrible. But surely none are more interested in this subject of physical law, than those who are always liable to become the victims to its violation”

Original Communications.

A CASE IN PRACTICE.

BY A. R. PORTER, M. D.

About six weeks ago we were called to see a Mr. Ilsley, living in a remote part of this village. Upon our arrival we found the patient to be an individual about 60 years old, respectable, intelligent, and evidently a person who had seen much of the world, and experienced much of its hardships and sufferings. He was sitting in a chair, with his hands upon his stomach, looking much depressed and apparently in great agony. Upon interrogating him as to his condition, he stated to us that he had been a hard laboring man for many years; had, up to a certain period in life, enjoyed tolerable good health, but in consequence of his imprudence in living and his laborious occupation (having often done "two days work in one,") he had injured his constitution exceedingly, and now began to see the folly of allowing himself to violate nature's laws. "And now" said he, "here I am in great pain, and have been so for over a year. For the last six months my sufferings have been increasing, and my agony now is almost unbearable. I have scarcely seen the day in that time that I was free from pain, and I have enjoyed but few nights of comfortable sleep." Frequently his pains would come on in the night, and all the relief he could get was from the application of cloths wrung out of hot water. In this way he was carried through, up to this time, by his attentive wife, who watched carefully over him in his hours of keen distress.

Placing his hand on the abdomen just below the ensiform cartilage, and moving it about in that region, he would say that here was the seat of his pain. His anguish was so severe that he believed he could not live much longer without relief and expressed a conviction that medicine could do no further good than to ease him in his passage to the tomb.

Before making an examination of my patient, I inquired if he had been under the care of any physician. He said he had consulted six different ones, among whom was the so called Whipples Doctor, of Lowell, about whom so much has been said, and to whom thousands of patients flee when others have given them over as incurable. Here he tried the medicines faithfully, but received no sort of benefit. His last medical adviser was a Homœopath, under whose treatment he continued two months, without any alleviation of his sufferings, and was finally consoled with the idea that if Homœopathic medicines did not cure him, none others would. He then resorted to the use of various medicines patent remedies, but in all of these he found no healing virtue, or at least none for his distress.

Being thus baffled in his attempts to find help from the various sources to which he had applied, he was advised, by a friend, to consult us as a last resort, being told that if our remedies did him no

good, they would do him no injury. To this he at first objected, thinking that he must die without remedy, but after much urging he concluded to make one more effort for his life.

Having heard this sad story of our afflicted friend, we proceeded to make a very thorough examination, as the case was of too serious a nature to be passed over with a mere feel of the pulse and a look at the tongue. We found a very great tenderness on each side of the spine, in the vicinity of the kidneys; and there was excessive pain and soreness in the Hypochondriac and Epigastric regions, so much so that the skin on those parts could not be touched without intense suffering. In both Iliac regions also, there was great soreness upon pressure. His skin was harsh and dry; his tongue furred and slightly red; pulse above the ordinary standard and rather hard; appetite depraved; alvine evacuations frothy and sour, and the renal secretion turbid, sometimes high colored and scalding. He would frequently eject large quantities of matter from his stomach, intensely acid and almost acid enough, he said, to burn his throat as it came up. His stomach had been in this sour state for a long time, and no physician he had consulted had been able to correct it.

Having made up our mind that his sufferings depended upon the existence of a powerful acid in the stomach, and that he was laboring under a lithic-acid diathesis, we concluded that there was but one course to pursue in his case, namely, to administer remedies calculated to neutralize this state of acidity. If this could be accomplished, the patient would likely recover, if not, his chance for life was doubtful. We told him frankly, that the prospects of a permanent cure was quite uncertain. Well, said he, give me something to alleviate my pain that I may die easy. We then ordered stramonium leaves wet in hot water, to be applied over the seat of the pain and renewed often. Also gave a stimulating and anodyne liniment to be rubbed upon the stomach, bowels and back. Ordered Diaphoretic powder similar to Beach's, to be given ten grains twice each day. A syrup of Unicorn, Ginseng, Yellow Parilla, and enough capsicum to make it slightly stimulant, and senna to make it laxative, was ordered to be taken in the quantity of a tablespoonful three times a day. Also the neutralizing mixture occasionally.

Under this treatment he seemed to revive and become a trifle better, though not enough to give great encouragement of a radical cure. We then concluded to resort to an alkaline treatment, excluding all other medication. Accordingly we prepared a pill in which we incorporated the most powerful antiacids, and of these he was ordered to take one three times each day; to live on a coarse diet, exercise little, and neither eat nor drink anything of an acid nature. In a few days a change for the better was visible; he began to show signs of convalescence; his mind brightened; his strength, appetite and weight increased. His pain and soreness have now left him, he sleeps soundly and is improving beyond all conception. He now goes about his ordinary business, enjoying life once more.

We are now treating a similar case of several years standing by the use of antiaacids formed into a pill. The patient is a lady who has been abandoned by twelve physicians as incurable, yet under the Reform treatment she is improving to the utter astonishment of all who are conversant with the case. We shall report it in proper time.

Haverhill, Mass., August, 1854.

THE Pill in which are "incorporated the most powerful antiaacids," the Doctor must give us in future. We have often found patients troubled with this acid state of the system and if a good remedy is discovered, friend Porter must give it to the profession. (Ed.)

PODOPHYLLIN AGAIN.

MR. EDITOR—Dear Sir,—I notice with interest, the discussion in your columns, between "*Botanicus Senr.*" and *Criticus Critici*," on the merits and demerits of *Podophyllin* as a remedial agent, and also the call on their part for the experience of the profession in the use of that article. It is now ten years since I took upon myself the responsibilities of a physician.

During that time, I have sought with avidity to know, as far as it was possible, how much dependence it was safe to place upon any individuals "*say so*," or upon books with reference to the medicinal properties of any remedy. Experience has taught me, that to be governed to any considerable extent by either, is a dangerous practice, and one which no individual can follow and attain to any celebrity as a physician. I care not what may have been his advantages, in the way of medical colleges, and teachers, he must be an independent reader, and thinker, and more, an acute observer, of *facts* that are *really facts*, and of circumstances as they are presented in individual cases. If the medical profession with the people, would even exercise as much independence, common sense and good judgment upon the subject of medicine, as they do upon matters of infinitely less importance, the world of *pathies* and *isms* would give place to one great, grand rational system of medication.

There can be no doubt but that *Podophyllin* is capable of producing all the phenomena claimed by "*Botanicus Senr.*" when given under the circumstances referred to; indeed, I have in more than one instance witnessed the same effects, where there could be no doubt in regard to that article, having been the cause. And more, I have seen the red tipped tongue, with its brown stripe in the middle, and white coated on red edges, with irritation of the bowels, with tenderness on pressure and a disturbance of the sensorial functions, all produced by the use of *Podophyllin*, in a simple case of billious fever, and then on the discontinuance of the remedy, have seen those symptoms all disappear, and the disease assume its simple type. I have witnessed the repetition of the article in a crude state, *Podophyllum*, and the symptoms all appear as before, and disappear when the remedy was

discontinued. But if I were allowed to judge I would say, as doubtless Botanicus, would say, in his cases reported, if he was to say anything, the remedy was not in safe hands.

But, I have still another case which has fallen under my observation. It was a case of Rheumatism. The attendant physician, prescribed compound Podophyllin pills, to be taken in alterative doses, and continue until they should produce free catharsis which did not occur under several days, but was finally followed by a diarrhœa, when he was called again, and to his utter astonishment his patient, *a young man*, was sinking, but from what cause he knew not. He then proposed council. The treatment was discontinued, a more sanative one substituted, with nourishment, and the patient revived; subsequently, however, his attendant physician thought best to "*to keep a good look out for the secretions*" and to that end, gave him small doses of Podophyllin, when all the formidable Typhoid symptoms reappeared, and his council was again summoned, but it was too late; he sunk to the grave, a martyr to Podophyllin. But does it follow that because Podophyllin is *capable* of doing harm in a given case, or number of cases, that the profession *should fellowship with it no longer*, and that "*it should be blotted from our Materia Medica*," not in the least. For in the hands of a judicious, and skillful physician it is among the most valuable and innocent patent remedies, that is known to the profession, and one which has high claims, not merely to a cathartic, but as an alterative, which could not well be supplied by any other article alone or by a compound of articles.

But let us for a moment take the ground of "*Criticus*" and "*blot from our Materia Medica*," all the remedies that are capable of producing the above phenomena, or other ones equally destructive, and perhaps often fatal in their effects, by mistake or in the hands of improper persons, and where shall we find remedies on which to depend to arrest the ravages of disease. Not in Lobelia, for that can, and doubtless has produced death in numerous cases when Thomson first taught that every man could and ought to be his own physician, and use Lobelia with the greatest profusion, and under all circumstances. But who now has to contend against objections on that account? Very few if any, and why? Because that fallacious idea has passed away, and our physicians are educated for their profession. They are now respectable men, enjoying responsible positions in society, convincing the community, that that article is a safe remedial agent under nearly if not quite all circumstances when administered in suitable quantities, and at suitable intervals. Numerous other articles are used whose curative qualities dwindle into insignificance when a compound with Lobelia and Podophyllin, and yet they are in common use, and are capable of producing even fatal consequences, when given at an unsuitable time, or in unsuitable doses. Among them are Camphor, Castor Oil, Rhubarb, Gamboge, Aloes, Bloodroot, Ipecac, and last though not least Opium,

which I venture "Botanicus" and "Criticus," both use in some form, not as an every case remedy, but occasionally.

Shall we then "*blot from our Materia Medica*" Podophyllin? If so, then we must blot out all efficient and potent remedies, and sink into the expectant or "*sugar pill*" practice for I claim that no honest professional men do otherwise. We must seek to know the effect of every remedy we use, and make each remedy answer as many indications as possible by varying its application. Let the profession adopt this course and it would be found that a very few kinds of medicines judiciously compounded and applied, would succeed better than the thousands which are in daily use. Nineteen out of twenty of the remedies now used are either inert, and useless, or depress and thwart the sanative efforts of nature by their use, if they do not actually destroy the patients. Nearly all of the concentrated articles which medicine speculators are now forcing upon the profession, may well be counted among the number of inert ones, very few exceptions can there be found, and, indeed, I doubt if many are worth as much as the crude articles themselves. Podophyllin and Lobelia are exceptions, still many of their valuable properties are lost in the concentrating process. The medicinal properties of all plants and roots are much altered in the concentrating process, if not entirely destroyed. And hence great caution is required in their admission into general use.

Respectfully, I am yours,

EXPERIENCE.

Springfield, August 25th, 1854.

BEFORE AND AFTER DIAGNOSIS.

BY E. A. BROWN, M. D.

ABOUT eight months since, I became acquainted with Mrs. T——, aged thirty-five, of Scrofulous diathesis and decided nervous temperament. Had no children. Had been married ten years, during the greater part of which time she suffered from the harrassing effects of Dysmenorrhœa, connected with Fluor Albus, which had nearly undermined her constitution rendering her very weak and extremely irritable. She had been treated by some of the most reputable physicians of the Allopathic and Homœopathic ranks, but to no further purpose than the palliation of her suffering for the time being. One of them had pronounced her difficulty to be of a cancerous nature, and consequently nothing could be done with any prospect of success.

The prominent symptoms when I first saw her were, a pain and weakness in the back and loins; a constant vaginal discharge of a yellow-brown foetid matter; a burning disagreeable pain in the genital region; constipation and loss of appetite. Her menstrual periods were, to use her own expression, "horrid to think of, and almost unendurable." So severe had been her pains at such times that spasms

had frequently resulted. Thinking the Dysmenorrhœa of primary importance, I instituted treatment accordingly, and commenced ten days before her menstrual period by giving Dr. Dewees Compound Tinct. of Guaiac. Warm sitz baths were directed every night before retiring. This treatment was continued until the crisis passed, when it was replaced by Wine Bitters and mild laxatives until about ten days before the next monthly discharge, when the Tincture and bathing were again prescribed, alternating the tincture with Caulophyllin. The second period being passed, and the patient not having improved by the treatment as much as I expected, an examination was reluctantly consented to.

Upon introducing the Speculum I found the os tinæ and cervix uteri much swollen, somewhat inflamed, and in an aphthous state. The os tinæ itself was unusually narrow, and so rigid that I found it very difficult to introduce a common sized bougie. Upon examining the cervix, by the aid of the bougie, it was also found very contracted and quite aphthous. Here, then, was a partial closure and adhesion of the mouth and neck of the uterus, doubtless owing to pre-existing inflammation, which had now degenerated into a chronic and aphthous form, producing obstinate Dysmenorrhœa, and keeping up a continual irritation, Leucorrhœal discharge.

Admonished by this better diagnosis, I changed the treatment, and began by introducing the bougie through the whole canal, quite to the body of the uterus, increasing the size of the bougie as I proceeded from day to day. In the meantime I prescribed a solution of Argenti Nitras (Nitrate of Silver) a scruple to the ounce, to be injected per vaginam twice a day,—Wine Bitters three times a day, and a wet compress to be worn across the abdomen. After applying the bougie seven or eight times, and using the above injection as many days, a strong infusion of the Nymphaea Odorata (Water Lily) was substituted for the caustic and used until her next catamenial period was at hand.

She now menstruated with but very little pain, and the Leucorrhœal discharge had nearly discontinued, I then ordered :

Cubebæ,	1 ounce.
Copaiba	1 1-2 ounce.
Irisine	1 drachm.
Carb Ammonia	1 1-2 drachm.

Mix, make into four grain pills, and take one four times each day. This treatment, with but little variation, was continued until the next monthly period, and then having no return of the Dysmenorrhœa, she discontinued treatment, and has since enjoyed good health.

This case is not published for the purpose of claiming any new diagnosis, any original or peculiar science in the treatment, or on account of its rarity. On the contrary, cases of this character are of frequent occurrence, similar diagnosis have been made, and similar treatment employed. But I simply wish to show, and impress upon the profession, how important a correct diagnosis is, in order to

treat such diseases properly, and how much more readily a large portion of the female maladies might be remedied, if this delicacy in regard to specular examinations did not exist.

Danbury, Conn., Sept. 13th, 1854.

GELSEMINUM, ITS USE.

THE tincture of the Yellow Jassamine I have used for near two years, and consider it of great importance as a relaxant, where we wish to avoid the nausea and emesis arising from *Lobelia* in the treatment of disease. About the first account of the use of it was written by John Parsons, M. D. of Ill. published in the Sept. No. of the *Physio Medical and Surgical Journal of Cincinnati*, 1851. This article is worth the perusal of any medical gentleman not familiar with the use of this medicine. Also in the Dec. number of the same Vol. by Prof. J. A. Powers of the *Physio Medical College of Ohio*, is a well written article. The *Gelseminum* is free from the objection of nausea or any other unpleasant effect, and we believe is as harmless as any article of our *materia medica*.

This article seems to us to fill up a chasm in the administration of medicine that has ever been open, at least so far as any one medicine is concerned; its anti-spasmodic powers are not surpassed by any other article known, *Lobelia* not excepted. "Notwithstanding my high opinion of the latter article, I must say that our own experience accords pretty nearly with that of Prof. P——, Dr. Parsons says he has used the article for two years in about 300 cases of fever with success, &c. In the March number of the above Journal for 1852, we find an able article by F. D. Hill, M. D. of Cincinnati, with an engraving representing the plant, &c. On page 320 of the above Journal 1847, Stockwell refers to the *Gelseminum* as an important acquisition to the Reformed School of Medicine. We next find an article in the *Eclectic Medical Journal of Cincinnati*, by Dr. Hickman, who gives the article a general description, its medical properties, preparation, &c. Dr. H's article may be found on page 739 of of vol. fourth. Added to the above, we would refer to the *American Jour. of Pharmacy*. On page 353 of the *Eclectic Medical Journal of Cincinnati*, we find another article from the quill of our enterprising and thorough advocate and investigator of medical substances, &c, in young Physic. Besides the above testimony in favor of the *Gelseminum*, a host of witnesses might be brought to testify. We will now refer to the article of Dr. Bryan on page thirty-one, of the *Southern Medical Reformer and Review*, March, 1854, in which he states that the *Gelseminum* possesses no narcotic properties notwithstanding the contrary opinion of some others, especially the *Eclectic Dispensatory of the United States*.

We must confess our ignorance of any Narcotic properties or any others contrary to the true sanative medical faith of the Reform Practice. We consider it an article which we cannot well dispense

with. We use it as a nervine, antispasmodic, relaxant and febrifuge combined with the cornine and given once in six hours, or as the case may indicate, fifteen or thirty drops at a dose. It is without a parallel in the treatment of fevers after a thorough cleansing by Lobelia, Leptandria, &c. It seems to fill the indications of Lobelia without nausea and emesis, which is a great dissideratum in the treatment of disease.

Our staunch and thorough reformer G. Lincicum M. D. of Texas, in the January number for 1851, says, page 14. of Lobelia. "A powerful remedial agent harmless in its prudent administration and potent in its action in almost all forms of disease." It clears the system of those morbid or loitering accumulation which act as a poison while pent up in the system, I must confess that I have yet to learn by observation that the Gelseminum does possess narcotic properties. At all times when we wish to produce relaxation without nausea, &c, we may resort to the Gelseminum. but its relaxing powers are so great that it should be used with caution as we have seen patients so relaxed as to become prostrated, or if you please, to manifest the alarming symptoms of Lobelia. We are in the habit of giving it to suppress vomiting, it is the best anti-emetic we know of. In fact it seems to be of no inconsiderable value to our Reform Materia Medica, it seems at one time to relieve spasm, to loose contracted vessels in febrile diseases, open the pores and set the whole machine in easy and active motion. and in a normal condition where a pure relaxant is indicated. In fact, I think it is just the article described by the two last Drs., especially Dr. Lincicum, who says he has been anxious on the subject for years. I give this article when the Lobelia is not indicated, in pneumonia, &c. I use it frequently with satisfaction in such as Pneumonia Typoides. We use it in the following form, take of tinct. Gelseminum sixty drops to three or four times the amount of water with four to six grains cornine well shaken, after the violence of the disease is arrested, the above is given in four doses from four to six hours apart, it contracts the malady in a remarkable manner.—I must close, I have already exceeded my limits.

P. S. I must add that the sagacious Curtis, who is ever on the alert to prevent the introduction of deleterious agents into our sanative Materia Medica, has expressed his disapprobation of it, and seems to doubt its harmlessness as a remedial agent. I shall however beg leave to dissent from the expressed opinion of this Jackson defender of the faith in the west. Let our Physicians speak out on this subject and give us their experience, we want more light.

Since writing the above I have been using the Gelsemine as prepared by B. Keith and Co., New York, and find it a good article. I prescribe as a diaphoretic half grain doses once in eight hours; it is a convenient article in Typhoid Fever and allays nervous irritation and acts as anodyne at the same time.

Yours, &c.,

E.

Scio, July, 1854.

CUTANEOUS DISEASES.

BY PROF I. M. COMINGS.

PORRIGO, SCALD HEAD.—This is a contagious disease, but not *infectious*. It is commonly caught by children sleeping in the same bed, rubbing their hands upon the same pillow, or wearing the same cap.

It may arise from uncleanness, or from a want of a due proportion of wholesome nourishment, and possibly from bad nursing. It takes place far more frequently in children than in others; and it often cures itself when the physician gets the credit of it.

Diagnosis. In this disease, the pustules are either small, with pointed tops; or large and flat. It sometimes occurs in distinct patches, and it is then called *porrigo scutulata*. There has been much confusion in the writing of many authors on the pustular affections of the hairy scalp. Willan and Bateman, under the titles of *porrigo* and *perriginous eruptions*, have described *porrigo* as a contagious pustule; and at the same time and under the same head various eruptions, many of them not contagious are jumbled together. The forms called *porrigo lupenora* and *porrigo scutulata*, are alone contagious; the other forms are not so, as *porrigo favosa*, *porrigo furfurans*; these are scaly eruptions, and should come under the head of *eczema* or *herpes*. There is also another form called *porrigo denalvans*; and this has no pustules and hence does not come under this class of affections. I have noticed this form among the young negroes in Georgia, and it is called *Scald head*, by all physicians. In fact there is a disposition to call every kind of disease that attacks the hairy scalp, as *porrigo*, or *scald head*. When an eruption however occurs on the scalp, of a pustular kind, and lasts some time, we may begin to think it is *porrigo*, but if we ascertain that the pustules are small, or large and flat, we may be sure of the nature of the disease.

There is an eruption which originates behind the ears of babes, which sometimes extends up into the hair, that should not be confounded with this disease, it is simply a humor occasioned by heat or chafing, and lasts only a few days if properly treated.

Treatment.—We may commence the treatment of this unpleasant disease by anointing the head with oil or fresh butter, and a bladder may be drawn over it. This will soften the scabs and prepare the head for further treatment. After twenty-four hours the head may be washed with soap suds and most of the scabs will come off, if the hair has been properly shaved off previously. Let the scalp now be washed with a strong tea of bayberry, lobelia and pond lily. A little tincture of myrrh may be added, or the head may be washed alternately through the day by a decoction of these articles separately. If the bowels are costive, they must be relieved by injections, or

mild purgatives. Alteratives, especially the sarsaparilla, must be freely used. This course will prevent any termination to the brain, or any unfavorable symptoms from the use of external remedies. The *tar cap* is a favorite and quite successful remedy among the negroes at the south.

Diaphoretic teas should be taken in order to keep up a free termination to the surface. A little sulphur and soap or lard, spread lightly over the scalp and then covered by the cap, is a good remedy. One drachm of subcarbonate of potash to an ounce of lard or fresh butter, is a valuable ointment after the washing. This can be omitted when it has fully softened the parts. The warm and vapor baths are useful adjuncts. The greatest care is to be taken to prevent the fluid which is exhaled from the excoriations being carried over the adjacent parts, the contagious nature of this fluid having certainly some influence on the obstinate reappearance of the pustules; and this is only to be prevented by great cleanliness, and the repeated use of weak alkaline washes.

Some mild escharotics may be used if the common astringents do not succeed, such as the Blood Root, (San. Can.) tincture in vinegar, with Myricine, sprinkled over the scalp. This will seldom fail of curing the disease. Sanguin may be the best form of the Blood Root, but I have never had a chance to use it yet.

ACNE.

This is a very slight and very common affection. It occurs particularly in young men and women, and prevents them from looking very handsome about the period when they should look the best. It derives its name from the Greek *aknai*, pimples on the face. Although hardly worthy a place or name in a medical work, yet Willan divides them into three species, *acne simplex*, *acne punctata*, and *acne rosacea*. The *acne simplex*, is where the eruption is not very numerous and without inflammation, the spaces between the pimples being perfectly healthy, with the exception of a little roughness of the face. In this form there is sometimes a great hardness and then it is termed *acne indurata*. Where we have sebaceous follicles large and distinct, and marked with a black speck on the top, it is called *acne punctata*. By squeezing them we force out what is called the *worm*, but it is only the sebaceous follicle, with the external extremity blackened by exposure to dust, &c. The seat of this affection is on the face, especially about the forehead and the alæ of the nose.

When it occurs with considerable surrounding redness and prominence of the skin, so that we may discover each particular vessel, it is called *acne rosacea*. We see this form in middle aged and old persons, and it is indeed quite troublesome and is not easily cured, as it is almost always connected with tippling. These hard, inflamed pimples of the skin may, and sometimes do, suppurate, hence we class them among the pustulæ.

Treatment.—There can be no doubt that, when these pimples are

small, it is much the best practice to squeeze them, and empty the contents. If this be done the tubercle will for the most part subside; and if they suppurate, the sooner the matter is let out the better. We are not aware that external remedies have any particular effect on the disease. We suppose any remedy that will get up a healthy action in the skin, will cure this complaint: hence the vapor bath, must be valuable, and perhaps some mild, stimulating, alkaline wash, with perfect cleanliness, will be all that is necessary.

SYCOSIS.

This is a form of disease which affects those parts of the face which are covered by the beard. It receives the name of Sycosis from the Greek *Sykon*, a fig, from its appearance when ulcerated. When it occurs on the chin, it is called sycosis menti. When it occurs about the margin of the hairy scalp it is called sycosis capillitii. There is no occasion to make this distinction because it occurs in different localities, any more than calling rheumatism by different names according as it attacks the knees or shoulders.

The tubercles, in this disease, are not so hard as in acne, and they suppurate much sooner. It makes shaving a very unpleasant operation, even when we have a good razor, good strop, good soap and warm water. It is sometimes quite obstinate to cure, especially as it is most frequently found in broken down constitutions and on those accustomed to habits of intemperance.

Treatment.—Alterative treatment is indicated in this disease. Good tonics have been found beneficial, especially iron. As there is often considerable inflammation, cold water will be found particularly useful. Let it be applied in the Hydropathic form, and assisted by some good diaphoretics, and the cure will be hastened.

Stimulants and astringent washes, after shaving, may be found valuable, and should be used often; the diet regulated, and temperance strictly enjoined.

PUSTULAE.

STY, BOIL, FURUNCULUS, CARBUNCLE, OR ANTHRAX.—The most simple affection of this kind is the sty of the eye. A more severe one is a boil in which there is a disposition to gangrene; and another is a carbuncle, in which there is a strong disposition to gangrene; though carbuncle is only a large boil, but it is often of such extent as to require aid to let out the matter.

The boil is termed furunculus. It is a hard circumscribed and exquisitely painful tumor, generally appearing under the figure of a cone, the base of which is considerably below the surface of the surrounding skin. The matter is generally slow in forming, and is seldom found in very large quantities.

The carbuncle is called anthrax, it is of a dusky red purple color, there is often an extensive areola of a brownish hue. It usually commences with a small pimple, which runs deeper and deeper into

the cellular membrane, until the base becomes extremely broad. In low, exhausted and cachectic constitutions, we may find this affection to come on with rigor, sickness, fainting, succeeded by great prostration of strength, languid pulse, typhus symptoms. It is sometimes accompanied with a milliar eruption, or with petechiæ dispersed in different parts of the body. The progress of the carbuncle to the gangrenous state is some quicker than the furunculus. The size is various. Considerable local pain and induration always attend this disease. As it advances several apertures generally form in the tumor, and through these openings there is discharged a greenish, bloody, foetid, irritating matter. The internal sloughing is often extensive, even when no signs of mortification can be outwardly discovered.

In the prognosis of this disease, we must regard the magnitude and situation of the tumor, the number of swellings, and the age of the patient, and the state of his constitution.

Treatment.—In most cases all the treatment required will be a mucilaginous poultice, during the inflammatory stages, till suppuration takes place, and then our common healing salves, or cold water may be frequently applied; cloths wrung from cold water kept upon the inflamed surface, will often give ease to the patient and afford relief. In more severe cases, fomentations of bitter herbs will give immediate relief from suffering.

In all cases where the constitution is implicated, we must depend upon tonics, the bath and such general treatment as we have recommended in similar cases. If the carbuncle assume the character of an old ulcer you will treat it with stimulating washes, astringent poultices, and the same manner we have directed for ulcers of this description.

LOBELIA INFLATA.—ITS MODUS OPERANDI, &C.

BY PROF. T. S. SPERRY, M. D

Class, PENTANDRIA.—Order, MONOGYNIA.—Natural Order, LOBELIACEA.

Generic Characteristics.—Calix superior, 4-5 cleft; Corolla irregular, cleft on upper sides nearly to base. Stamens inserted into the calix, alternate with the lobes of the corolla, and united in a tube. Anthers cohering. Ovary 2-3 celled. Styles simple. Stigma 2 lobed, and surrounded by a cup-like fringe. Capsule 2-3 celled, many seeded, dehiscing at the apex, sometimes attached to the calyx. Herbaceous plant with alternate leaves.

Specific Characteristics.—Stem erect, branching, hirsute. Leaves ovate-lanceolate, serrate, alternate. Flower in paniculate leafy racemes. Calix inflated, glabrous. Corolla small. Stamens about as long as tube of Corolla.

There is, perhaps, no one article in the *Materia Medica* which has been the cause of so much speculation and vituperation, and about which so much ignorance has been exhibited, as that which forms the

subject of this paper. Much has been, and doubtless much will continue to be written respecting it, both for and against; though how much superior, in a practical point of view, the writings in future will be, than those which have preceded, remains yet to be seen.

For ourselves, we do not enter upon its discussion, until after considerable hesitancy and deliberation,—Such hesitancy, however, not arising from any doubts as to the excellence of the agent itself, but from some respecting our own fitness for the task,—which doubts we must say, are not yet entirely dissipated. With others, we have long waited for a complete essay on this subject, from some one of our medical veterans; but, having waited in vain, we have concluded to make the attempt ourselves, hoping our efforts, however humble, may serve to call forth, from those better calculated, both by experience and ability, the information we have but attempted.

The inquiring eyes of a curious public have been directed to the use of the Lobelia, by its being brought so conspicuously before them by Samuel Thomson, who, with all his faults, all his selfishness, and egotism, deserves a meed of praise which the world will yet award him. Those who believe any portion, or all of his “Theory of disease,” or “Theory of life,” are no more to be censured for his faults, and his mere opinions, than if these faults and opinions had emanated from any other source.

Whether from the fact, that the Lobelia Inflata was actually believed to be a poison, or that the members of the medical profession were interested in preventing its use—inasmuch as it was not brought into notice by one of their number; it was assailed by every species of warfare that the ingenuity of man’s mind could invent. This served—as was perhaps intended—to stifle inquiry; and, under the bitter and virulent opposition which followed its use, it was utterly impossible to arrive clearly at the truth, respecting either its virtues or its innocence. This state of things clearly had its effect on both the friends, and the enemies of the plant; for, while one denounced it in strong, unmeasured, and unreasonable terms, the other as strongly eulogized, and claimed for it powers and effects, little short of instinct;—neither party regarding at all the *rationale* of assertion—for argument there was none. We do not care to deny, or even hesitate to admit, that, for the most part, its friends were ignorant of medicine; and that, although they knew the uniformity of certain facts, in connection with the operation of Lobelia, yet they *could not* reason from them; while, on the other hand, those who might have done so, *would not*. A poor state of things for the discovery of truth! This is precisely the position Lobelia has continued to occupy, until within a few years. At present, there seems to be a little more reason on both sides, and a desire to arrive at the truth. The way such an end can be arrived at, is by throwing aside prejudice and bigotry,—and investigating carefully and candidly the evidence produced for and against it.

We have said above, that it was introduced into the practice of

medicine by Samuel Thomson. They who know any thing of its history, are well aware, that its first introduction to the world was by him. There has, as yet, nothing been given to *prove* that he was not the discoverer. Vague assertion, that the Indians were for ages acquainted with its properties and effects is all the proof, that has yet fallen under our observation. We feel a great degree of delicacy in questioning such high and respectable authority as the savages, especially when we recollect, how celebrated they have always been, for the number and accuracy of their scientific works and histories. Rafinesque, in his "Medical Flora," disposes of the subject, after the following manner :—

"The herbalist Samuel Thomson, claims, in his Guide of Health, to have discovered the properties of this plant in 1790; but the Indians knew some of them—(the species;) it was one of their puke weeds, used by them to clear the stomach and head in their great councils."

All very well as far as it goes,—the Professor undoubtedly supposing, with many others, that its whole properties were summed up, when calling it "puke weed."

That it may have been used by the Indians previous to the time of Thomson, we certainly shall not deny; but that it was ever used systematically, and with reference to its general action on the organism, or that there was anything known of its therapeutic action, previous to the experiments by Thomson, we think may safely be denied. Whatever use may have been made of it, by the *accomplished* and *scientific* savages, to Thomson belongs the honor of introducing it into the practice of medicine. Since his time, it has been more or less in use by the different schools of medicine, as well as by those who term themselves, *par excellence*, his followers; while, at the present, many more would use it could they be satisfied that it would not produce effects of which they know nothing. Our researches in this matter are for truth; nor will disbelief in one system of medicine, or prejudice in favor of an other, cause us to stray from the path of fact and experience, to enter the wilderness of conjecture.

Many people honestly believe it to be a poison, of more or less virulence; and some proclaim it so, who know nothing at all of it. The first of these classes, receive the assertion as truth, on the word of some one who pretends to "know all about it;" and the second only wish to bring it into disrepute, and pay little regard to the means by which that is effected. The assertion which we wish principally to examine is that once made by Dr. Biglow of Boston, and still reiterated by many of the "old school" who take Dr. B's word as "the law." The assertion alluded to is, in effect, that Lobelia is a *deadly narcotic*. The very assertion proves, emphatically, their entire ignorance of the whole matter, as we hope to show ere the conclusion of the paper. It is not contended, we believe, that the deleterious properties of the Lobelia consist in any but narcotic; and if we prove, as we shall attempt to, that it is the very reverse, its opponents

must be driven from their position, or acknowledge its innocence.

All professional men, and indeed very many who are non-professional men, understand perfectly the action and effect of a narcotic; but when, or where, or under what circumstances, is Lobelia known to have produced effects at all analogous to those of other narcotics? It is a narcotic because of the prostration it frequently produces? Upon this prostration is the assertion founded. Well let us see. We *admit*, then, that powerful prostration very frequently follows its exhibition, and we *claim*, that prostration must necessarily follow the administration of a narcotic. But there is an essential difference between the two. The first effect produced by a narcotic is *stimulation* of the brain, and consequently of the whole nervous system: but, after this has subsided, prostration, and a general depreciation is the result. On the contrary, the prostration from the exhibition of Lobelia is *IMMEDIATE*,—is its first effect; and reaction, from relaxation to tonicity, takes place with as much celerity as the prostration was induced. There are no secondary influences here to be feared; the agent leaves the system free to obey healthful impulses. The narcotic, after the immediate effect—which is stimulation—has subsided, leaves the whole system of the nerves debilitated—deprived of power, irritated, and they can take no part in producing reaction, without whose agency, in this case, the system must remain in a pathological condition. Whoever has known Lobelia produce Delirium Tremens? Yet narcotics are the only agents which will produce it. Still farther:—take two persons who are in a physiological condition, and to one exhibit a sufficient quantity of Lobelia to produce the most thorough relaxation, as it will do; to the second give the necessary quantity of alcohol to produce intoxication. After the immediate or primary effect of the first is ended, the system returns again directly to its physiological standard; but after the stimulation, which is the primary effect of the alcohol, has passed away, the system still remains in a pathological state, showing symptoms of deranged circulation, of visceral inflammation, debility, and irritability of the nervous system, and partial obstruction of the circulation of the nervous fluid. Dissections, in cases of this, show violent inflammation of the coats of the stomach, and even of the intestines, congestion of the brain, &c., &c.,—while on the other hand, Lobelia is one of the best agents the Materia Medica affords to reduce inflammatory action. Opium in all its various forms, produces effects similar to alcohol, though the stimulation in proportion is less, and the prostration of the nervous system greater. Narcotics do not possess the power of relaxing the muscular fibre, but this is the specific effect of Lobelia. The only effect which Opium and Lobelia have in common, is the power of easing pain. There are two ways of relieving pain,—one by “removing the cause which produces it, and the other by depriving the nervous system of sensibility, or its power of feeling pain.” Lobelia does the former, and Opium the latter.

Our purpose in this paper, is not to show either the good or the ill

effects of Opium, or indeed of any narcotic, but merely, by comparison, to show how widely different are the action and effect of the two agents. If Opium is a narcotic, Lobelia most certainly is not.

In what then do its dangerous qualities consist? When the system has been suffering under the stimulation of inflammation, and there is consequent debility, it is possible, that, by the exhibition of small doses of Lobelia, reaction might be prevented, and relaxation continued long enough to produce death: but even of that we are not sure. All we can say is, we have witnessed its exhibition in all conditions of the body, and in quantities varying from eight ounces to one grain, and, have never, in a single instance, seen relaxation continue beyond the power of reaction. Lobelia then is a "powerful UNIVERSAL relaxant." We cannot admit, as some claim, that it acts specifically upon any organ, or set of organs; and, if this assertion be true, it cannot possess a particle of cathartic power. But, says the objector, discharges from the bowels often follows its exhibition; how do you account for that, if it is not a cathartic?

Concluded in our next.

Editorial.

THE ECLECTIC PRIZE ESSAY.

THE "Prize Essay, on the distinctive principles of Eclecticism," has at last made its appearance and we have given it a hasty perusal and with a pencil made a few notes which we will transcribe. We remark, that it is creditable to the author and quite a readable essay; the great fault is, that it *assumes* too much. It commences the Reform in medicine at about 1837, when the world already knows that Samuel Thomson lived a *half century* before that. It is true, he says "the success of the Thomsonian measures commended the system to a large proportion of all classes of citizens, and until an *ampler system* stole its thunder, was in growing repute, &c."

An ampler System!! In what is it ampler? In vain, have we read this Essay, to find one single item of truth, or one principle of worth or importance, that was not known before Dr. Dolley was born. The medicines, the theory of their action, the plain principles which he claims as being promulgated by Eclectics in 1837, were as common as household words to tens of thousands in the U. S. when Dr. Morrow was a child. But the claim for Eclecticism is that it is "ever rational and progressive, comprehending every thing which inductive philosophy and experience might demonstrate of real value." And does not the Medical Reformer of the present day claim all this and have they not done so from the earliest period, before the name of Eclecticism was known? But here are some of the "rational" views expressed in this Essay. "No article of real therapeutic value is thrown aside, which with our present knowledge of chemical and physiological laws can be

used without risk or detriment to the future integrity and health of the system," and yet in the very next paragraph he says, "No intelligent Eclectic will deny that in combatting disease in its many phases, counter-irritants and derivatives are often serviceable, such as Spanish flies, cupping, irritating plasters and the narcotics, opium or hyoscyamus." *Here* is Eclecticism, and it is *here alone* that we can see any claims for originality, or what this Essay claims as purely Eclecticism. Not one new remedial agent, not one idea in medicine can we see advanced as *new* but this *wide liberty* to so use a few narcotics and other poisons as "can be used without jeopardizing the constitutional stamina and future health of the patient." Wonderful *liberty* this! and *what remarkable discriminating* powers it demands to know just how to use these poisons "in suitable quantities and at suitable times." This is indeed purely *Eclectic*, and after diligent search, we can find no other "*principle distinctive*" enough to dignify with the epithet of original. This is all we can find in the whole Essay, that deserves the name of "*fundamental Eclecticism*," for it is surely something worthy the attention of the medical world to be able to know how to count opium, hyoscyamus and many of the narcotics among our "innocuous remedies." While we may contend strongly for many other points, yet this one, we will freely concede to be purely Eclectic.

The quotations from Dr. Morrow are all very well, and we can only wish that Eclecticism was as pure *now* as it was in the lamented Morrow's days; but *now*, as the Essayist most candidly expresses it, there are "many half metamorphosed Thomsonians and Allopaths in various parts of the country," and they are truly the *great body* of the Eclectics of this period, for their theory of medicine is in the main Allopathic, with some of the old Thomsonian notions combined. *This* is Eclecticism, and what is most plainly and conclusively taught in this Prize Essay.

Dr. Dolley claims the *inductive philosophy* as a peculiarity of Eclecticism, and one of its principles. Let us enquire if the founder of Thomsonism that he so despises, did not characterize his system by *practical deduction*; no *theory* troubled the brain of Thomson. He found that certain herbs and roots would produce certain effects, would heal disease, and assist the recuperative powers of nature. *How* it was done, the *modus operandi* of these remedies, was little known, and little sought after by this rude son of Nature. No *speculative theory* was the foundation of his system, so our essayist must look farther back than 1837 for the origin of this medical philosophy, or this innovation upon Allopathic medical teachings.

"Without conforming our practice to the dogmas of any exclusive sect, we profess to cull from each, only those principles and measures which bear the surest impress of *truth*. In the freedom afforded us by our inductive philosophy, we can listen to the testimony in favor of every system, without

supposing any one contains 'the whole truth and nothing but the truth.' This is all very well, and we suppose this wide liberty includes the permission to use opium, hyoseamus, cantharades, &c, while these systems which exclude these entirely are considered as ultra and "*too exclusive*."

The quotations from the Eclectic Journal on Bloodletting are all very good, only a little speculative, but we cannot see the difference between bleeding from the arm with the lancet, and bleeding by scarifying, leeching, &c. But then as *the* "fundamental principle of Eclecticism," is to use these methods of depletion "without jeopardizing the constitutional stamina and future health of the patient," we suppose it is perfectly consistent and "*rational*."

Again "it is a cardinal principle of the Eclectic System that no medical treatment should be allowed which permanently impairs or injures the vital powers, &c. The habitual *internal* use of certain intensely poisonous metals, &c, we consider as a gross violation of the dictates of medical philosophy and experience." All very good, but how does this tally with the use of the narcotics and poisons which your "fundamental principles" allow you to use?

But here follows Thomsonism in a nutshell. "The Thomsonian theory is based wholly upon the regulation of the calorific functions." It would be very gratifying to know what *function* is placed at the basis of the Eclectic theory, is it not that function which teaches how to bleed, blister and poison, "without permanently impairing or injuring the vital powers?" But another "cardinal principle of Eclecticism is, to substitute safe agents for those which are harsh, irritating, and often uncontrollable in their action." Has not Thomsonism done this for half a century? But this is Eclecticism with the "wide liberty" to use deadly poisons so skilfully, and with so much caution as to do no injury, and we here learn for the first time, that it was "*the founders of the Eclectic system who first introduced to the profession safe and more efficient cholagogues*." Wonderful discovery! What will next be claimed as discovered by the founders of this sect.

The quotations from Dr. Morrow, showing the medical Reformers of the present day are not Eclectic, is all supererogation, for we claim no alliance, and desire no fellowship with a system that advocates "the wide liberty" of using poisons.

All we can desire is that every Eclectic "hereafter when he offers his services to the people as a practitioner of medicine, will come out in his true colors. Instead of heading his advertisement 'Reformed Practice,' let him head it 'Eclectic.' The public can then understand what manner of man he is, and what kind of physician they are about to employ, and pursuing this course, he can further avail himself of the full benefits of all the popularity of his favorite system of practice." The above is a quotation from this Essay,

with the change of Steam Doctor to Eclectic, and we think it far more appropriate now than in 1837, when used by Dr. Morrow; for all over the land it is one of the loudest cries of the Eclectic, *sanative medication! innocuous remedies!* "the thunder" of the true Medical Reformer, and yet, not only boldly asserted in this Essay as a fundamental principle, that poisons may be used, but *practiced* by the great body of them. This "ampler system has stole our thunder," and we do not want them to deceive the community and act so hypocritical as the great body of them are now doing.

MEDICAL SCHOOL, SESSION OF 1854-5.

THE following remarks from the New York, Journal of Medicine, are only a fair exposition of the advantages and facilities of this great city for medical instruction.

The season approaches for the opening of the winter session of our Medical Colleges. To these institutions, now numbering upwards of forty, each having its full complement of teachers, is intrusted the great interests of the profession in this country. They are to give the stamp to the future character which it will maintain, whether high-toned, practical, and scientific or mercenary, empirical, and superficial. Their responsibilities, therefore, are of no ordinary kind, and their claims to patronage should be thoroughly canvassed by every physician who has pupils in charge, to whom he acts as an adviser. Let him consider well the real advantages of the different schools for giving such instruction as he knows from experience they must need, with the qualifications of the various teachers to employ such advantages for the pupil's greatest good.

We have frequently spoken of the advantages of New York for medical teaching, and deem it our duty to recur to them again in the annual announcement of the opening of our Medical Colleges.

The most important advantage which mere location can give one medical school over another, is in respect to clinical teaching. The time is fast approaching when the clinical teaching will be deemed an indispensable part of a thorough course of didactic instruction. A growing disposition manifests itself yearly amongst all ranks of students to obtain access to the wards of hospitals, and learn from actual experience, and apply at the bed side the lessons they have but indifferently learned in the lecture room. And it is gratifying to witness this increasing estimation of clinical studies; for it is the only true method of graduating a clear minded, practical class of physicians, who can safely go from the college halls into the active and responsible duties of their profession.

In this single respect, location gives to the Schools of New York, an advantage well worthy of consideration. The materials for clinical instructions

at their command, exist in great abundance. The immense native and immigrant population that seeks medical advice and assistance at her public charities, is without parallel. The following statistics gathered from the annual reports of the several dispensaries, exhibits the number of patients treated at these Institutions during the year 1853: City Dispensary, 46,338; Eastern, 23,114; Northern, 14,075; Demilt, 9,006; North-Western, 4,948; total, 97,481. If we add to this number the patients treated at the different Hospitals, Asylums, &c., the aggregate will not fall below 150,000.—*N. Y. Jour. of Med.*

SUCCESSFUL MEDICATION.

WE were somewhat amused in reading the following item in the last "Medical Monthly" published in this city. It ran as follows: "Cholera has entirely disappeared from the Hospital, Alms House and Work House. There occurred at the above Institutions, between the 28th of July and the 22d of August, over 300 cases of cholera. The *calomel and opium* treatment was chiefly relied on, and was successful."

We wish to enquire what is considered as *successful treatment* in this disease? From all the published statistics of this disease which have come to our eyes during this season, (and we have read the weekly bills very carefully,) we have seen that *almost fifty per cent. have died*. If this is success in treating disease, what need of medication? We have prescribed for and attended personally over fifty cases of cholera this summer, and have lost but one case; and that death we attribute to the neglect of the attendant in giving the medicine, for we had produced a complete reaction and stopped the vomiting and purging, but the medicine left was not given and the patient died the next day.

Some of our cases were of the worst type, in the collapse, and yet we have been thus successful. And we can confidently claim the same success for all the Reformed Physicians of this city. But, alas! what avails our success in the cholera? The Old Fogies in medicine will not deign to notice our statements, or try our remedial agents. They will still go on with their "*Calomel and Opium*," and think if one half their patients die, that it is "successful treatment."

With *such treatment* for this disease, we really think that the recovery of *one half* the cholera patients is very "*successful*." How it is possible for intelligent men who are skilled in medical science, and especially in physiology and pathology, to use this narcotic and corrosive poison in the treatment of this disease, is beyond our comprehension. Is it not because they are ignorant of our remedial agents? Can it be that they have ever tried the efficacy of our pure stimulants? or know the virtues of our tonics and

astringents? How long will they injure with their sulphates of lead, zinc and copper, while the vegetable astringents are so much superior? The light of truth will one day prevail, and error lose its power. God hasten the time.

METROPOLITAN MEDICAL COLLEGE, N. Y.

THE following notice of our College we cut from the September number of the N. E. Medical and Surgical Journal. It is but a just tribute to the College which has now been firmly established, although at first opposed and hindered by its enemies; it has outlived their malignity and now looks down, upon those who at first sneered at our efforts. Through the liberality of our friends, we are free from debt, and the income of the Institution will hereafter amply sustain the teachers in giving their whole attention to the College during the Session. We are continually in receipt of intelligence from all parts of the country, that our number of students will be greatly increased.

The jealous slur which the Cincinnati Eclectic Journal gave us in a late number, is only evidence of its enmity at our success. We have only to reply that the "*milk and water concern*," is sought by those who have enjoyed the eclectic *free tuition*, and with many expressions of our superiority. We trust too, that our Diplomas have been, and will be awarded with much more discrimination than has been the case in the Eclectic School of the West. "People that live in glass houses should not throw stones."

"The next session of this institution will commence on the second Tuesday in Nov. 1854, as was incorrectly announced in our July No. We are happy to announce the fact of its increasing popularity; and it would not be an exaggerated statement to say, that the Metropolitan College in a few years will stand second to none in the Union. All those who intend to pursue the practice of medicine, as a means of living, and who desire to obtain a thorough knowledge of the different branches of medical science, will find this school to possess superior advantages. We advise our young students in this region to patronise it.—we are sure they will be perfectly satisfied with its ample facilities.

OUR CORRESPONDENTS.

THE article on "*Lobelia, its modus operandi*," by our talented colleague Prof. Sperry, will be read with interest, and it is but the foretaste of what they will have during the year from his prolific pen. Our *Materia Medica* is just beginning to be examined by the Allopaths, and it becomes us to throw all the light we can, on the use of our remedial agents. The communication on the *Gelsiminum* and *Podophyllin* are also of interest, and particularly important just at this time. We hope also to have a continuation of

Reports of cases, as they are eagerly read by our young practitioners, and often afford much practical information.

In reference to our concentrated remedies, we hope for a free and open expression of opinions from those who use them, for we find a variety of opinions among our practitioners, and the only way to get at the truth—to distinguish between the true and the false—is to publish *the experience* of those who use them. A great portion of them have not been sufficiently tested to form a good judgement, and it cannot be supposed that those who manufacture them, can have yet arrived at perfection in the best methods of preparation. Let the light of *experience* shine from our pages, through our correspondence.

OMISSION.

DURING the hurry and bustle consequent upon the business of the New-York State Botanic Society, the Committee on Publications omitted to mention the Middle States Reformer and the N. E. Medical and Surgical Journals. We have conversed with the chairman of this Committee, and he says the omission was purely accidental, that there was no intention of their seemingly slighting these periodicals that we all regard as co-laborers with us, and engaged in the advocacy of the same great principles.

Our attention was called to this subject by Prof. Prettyman, and this is the first opportunity we have had of assuring him as well as Brother Porter, and through them, the readers of their valuable Journals, that this inadvertency was the consequence of the haste in which the report was written.

We rejoice that we can recognise these Journals as with us in all respects and that we have such fearless and uncompromising advocates of sanative medication. With such allies, we feel like battling Allopathy to the last and have strong hopes of triumphant success.

The present editor of this Journal was not in the room when the report was read, or he would have remembered his personal friends who edit these two model Journals.

SOUTHERN BOTANIC MEDICAL COLLEGE.

WE are pleased to learn from Prof. Bankston, that the Botanic Medical College of Macon, Georgia, is now rebuilt, and in every sense far better fitted for its purposes, than before its destruction by fire. Besides rebuilding the College, finishing it in the most ample style, the Trustees have over thirteen hundred dollars in cash, for the purchase of apparatus, &c, for illustrating the various branches of medical Science. This amount has been most judiciously expended in New York, and with the apparatus preserved from the fire, will make an outfit far superior to any other in the United States.

We quote the following from the last number of the Reformer, the organ of the College. "The S. B. M. College is one of the fixtures of our State, it has passed the rubicon. Having years ago waded through its many toils and difficulties, it has nothing to do now but move straight forward. It teaches a pure medical science in accordance with the improvements of the nineteenth century. Possessing a far superior building as well as facilities to many Allopathic Colleges of the country, we have no fears about its success, its course from the very nature of circumstances surrounding it is onward and upward."

TO OUR READERS.

IN taking the responsibilities of this Journal, the Editor has but little to say in relation to the course he will pursue or the policy he intends to follow: he is not unknown to every reader of the Journal, for almost every number of the paper from its commencement has contained some article written by him. It is only necessary, therefore, to state in a few words, the circumstances which have forced us so reluctantly to take charge of the paper for the remainder of this year, and to assume the whole responsibility of the third volume for 1855.

The late editor, Dr. Cook, having had a call to the west, with an opening field of usefulness, was compelled to surrender into the hands of the committee the charge which he has so ably sustained for the past nine months.

We all regret the change which must necessarily take place in the paper, since the present incumbent cannot expect to fill the place of his talented colleague. It is but justice, too, to say to the patrons of our paper, that the late editor leaves his position with regret, and nothing but greater prospects of usefulness and pecuniary remuneration, would have induced him to give up the editorial chair till the close of the volume.

At the solicitation of the committee we have placed ourself in this position, and shall do the best we can in filling the columns of the Journal with such matter as will be interesting to the profession and people.

We are happy to announce that the Professors of the Metropolitan Medical College have promised us their aid and support, not only by pecuniary contributions, but with their pens. We congratulate our friends on the prospect of having our pages filled with matter that will be creditable to our cause and our College.

On account of the editorial change which has taken place, this number of the Journal is a little behind time, but in future it will be issued the first of every month punctually.

Full and ample arrangements for the continuance of the Journal for 1855, have been made, so that our patrons need have no fears for its stability.

We hope to make an arrangement with Dr. H. Winchester, the proprietor

of the first vol. of this Journal, which was so ably edited by our colleagues, Prof. Friend, and Dr. Sweet, so that we can send the first and second vols. to all those who may wish them and the third vol. for 1855, for two dollars in advance; thus our friends will obtain the two volumes now published for one dollar, and the third, for next year, for one dollar in advance.

Those who want a vol. of more than 700 pages of good medical reading for one dollar, will send in their dollar, for the two vols. bound in one, will make that number of pages.

If a majority of our subscribers will respond to this call by the commencement of the next year, we promise to add four pages more to the Journal and give it a handsome cover for the third volume.

METROPOLITAN GRADUATES.

THE Eclectic Journal of Cincinnati, in speaking of the Metropolitan Medical College, *diminished* the number of students and *increased* the number of graduates.

This College from its position and the facilities it affords must necessarily always have a *large portion* of *second course* students, hence we shall expect to graduate a larger number, in proportion to our class, than those Colleges which do not enjoy these advantages; for students will flock to New York to finish their medical education.

APOLOGY.—We shall have to crave the indulgence of our readers for the haste in which we have been forced to get up this number of the Journal. We were suddenly called on some days after the paper should have been out of press, and we have hastened its publication, so as not to be behind hand in the subsequent numbers.

TAKE NOTICE.—Our subscribers will take notice that hereafter all dues and subscriptions to the Journal, will be sent to Law and Boyd, No. 68 East Broadway, New York, and all communications addressed to the editor at the same place.

AMERICAN ECLECTIC DISPENSATORY.—By John King, M. D., Prof. Obstetrics, &c. We have seen this work, but have not had sufficient opportunity to examine it, and to speak of its merits. It is a large work of about fourteen hundred pages. We think it will attract the attention of the Allopathic profession. It is really creditable to the Eclectic fraternity, and we have no doubt is appreciated by them. At some future time we shall notice it further.

THE Journal of Medical Reform.

NOVEMBER, 1854.

Selections.

THE MODUS OPERANDI OF MEDICINES.

BY M. M. RODGERS, M. D., ROCHESTER, N. Y.

THE manner in which medicinal substances produce their curative effects in a pathological condition of any organs, is very little understood; the manner in which they produce their pathogenetic effects in a state of health, is also involved in the obscurity of hypothesis. And although this knowledge may not be indispensable to the successful administration of medicines in the cure of disease—yet in the practice of an art which professes to be founded upon deductions from the exact sciences, it is desirable if possible, to trace the connection between every cause and its ultimate effect. The explanation given by authors of the *modus operandi* of therapeutical agents, falls far short of anything satisfactory; they are, at best, only what relate to their remote effects—with vague conjectures as to their immediate action the tissues and fluids of the body; but they do not reach their ultimate action or relation to their chemical elements.

If we admit that all changes whatever, which take place in the elementary constitution of matter, both organic and inorganic, are merely chemical transformations—we see that the practice of medicine proper is only the aggregate of a series of chemical experiments, and the physician a practical chemist. But it is insisted, that it is unnecessary to know precisely how medicines operate, so long as we know they produce respectively certain constant effects. This may, so far as practice is concerned, be true. But the very ignorance of the chemical knowledge which would teach us their *modus operandi*, is the cause of innumerable blunders, in compounding and prescribing all complex preparations. A large portion of the prescriptions made in practice, are chemically incompatible; so that a decomposition and re-union take place between two substances, and a third is formed, different from either of the other two. This new compound may be

either inert or poisonous—and at least will produce effects different from what ought to be expected. In this way the physician is often deceived, when prescribing a new medicine, or an old one in some new combination. In this way, too, valuable medicines are sometimes prevented from producing their legitimate effects, and are therefore condemned. It is often the case that an incompatible compound is mixed together by the scientific physician, as well as the nostrum monger, in defiance of all chemical laws, and still produces wonderful curative effects; for although there was a perfect discord of affinities, between all the ingredients, still some compound was produced which contained the power requisite, and which might have been prescribed more scientifically and with less trouble. It is an indisputable fact, that a good practitioner and a poor chemist in the same person, is a compound quite as incompatible as any in the *materia medica*.

Since the blaze of light from modern chemistry has shone upon the old empirical system of therapeutics, it has swept it away like vapor before the sunbeam; and with our ignorance of applied chemistry, we are left almost without a substitute.

While a few practitioners are laboring to deduce the entire practice from chemical principles, and are thereby constantly making dangerous experiments and failures—others constantly reject all new remedies and improvements, and plod their way by the dim and doubtful light of past experience, so that the aggregate of empiricism in therapeutics is perhaps as great as at any past time. It remains for further researches to discover and establish the *modus operandi* of remedial agents, and to classify them according to their true chemical and physiological relations to the system.

There are *three modes*, according to authors, by which the general operations of medicines may be explained.

1st, It is said "they produce their effects by actual contact with one or more tissues." But let us go a little farther back, and inquire, how do they act by contact? If we can find what the immediate chemical relations between them and the tissues and fluids are, we shall then have a point from which we can pursue them, step by step, until we arrive at the most remote change produced. When an acid and an alkali are mixed together in solution, effervescence ensues, and what caused the effervescence? It is caused by the chemical union of the constituents of the compound. But how was this union produced? By chemical affinity. Again, what causes chemical affinity? Here we must resort to conjecture, and say, perhaps it is caused by cohesion, which is itself caused by a particular internal molecular arrangement of particles—or perhaps by the molecules of each being in opposite electrical states. But here the explanation ends, and we are still in the dark. And it is true of all investigation, that a limit is set, beyond which we can never pass. We may trace one effect to its legitimate cause, and this to some other cause more

remote, which is, still, but the effect of some other cause more deeply hidden; and so on, until all beyond is conjecture, and we must link the chain of our reasoning to the throne of the great First Cause.

2nd, It is said "medicines act by an impulse conveyed by the nerves, through an impression made somewhere else." This is a gratuitous assumption—for it is not proved that the impression is made elsewhere than on the nerves.

How do we know whether the primary impression is made upon the nerves themselves, or upon the tissues? The nerves, instead of serving as mere conductors of impressions, may have undergone some chemical, physical or physiological change, by the impression of a medicine which may increase their power of generating or conducting impressions, or may destroy this power entirely. The supposition that medicines act through the medium of the nervous system, either primarily or secondarily, does not assist the explanation.

3rd, "Medicines act by contiguous or continuous sympathy, or by that which is excited by mere continuity and proximity of parts." Now to say that medicines operate by sympathy, is merely to give a name to our ignorance; matter, as distinct from mind, or spirit, can have no sympathy for other matter. Sympathy is not a physical or chemical action between particles of *matter*—but a hypothetical term implying some metaphysical action or condition; some state or act of mind, which though manifested *through* matter, is not itself matter.

Pathogenetic or pathological, as well as physiological, effects, may be produced upon the body through the medium of the external senses, or by an act of memory merely: as the sight of blood causes fainting; that of food salivary secretion; of an emetic, nausea; the sight of one in convulsions, may cause them in another; cries of distress produce pain in a by-stander; unexpected intelligence or misfortunes sometimes cause greyness, apoplexy, syncope or death. The explanation of the action of medicines within the system, and *not out of it*, is what we are to consider. But the explanation of these mental or physio-mental phenomena belongs to metaphysics or physiology, and not the *materia medica*; this branch of medicine, therefore, is not amenable for their explanation. No such therapeutical force as *sympathy* can be proved to exist in the system; and when a distant organ feels either the curative or pathogenetic effects of a medicine, it must be from direct chemical or physical action on one or more elements of some tissue or fluid, which is felt along the course of the tissue to the organ in question.

We have now given a synopsis of the *modus operandi* of all the medicines in the *materia medica*. We may now give briefly the explanation of authors in relation to the operation of a few of the leading classes of medicines.—*Boston Med. and Surg. Journal*.

To be Continued.

POLYTRICHUM JUNIPERINUM AS A DIURETIC.

BY WILLIAM WOOD, M. D.

HAVING been in the habit of using a plant in my practice, which is, I believe, wholly unknown to the medical profession as possessing any medical properties, and believing it to be far superior to any diuretic known, I am induced to give a brief botanical description of it, with a few marked cases in which it was useful. The plant grows very abundantly in New England, and I know not but that it may be found elsewhere. My method of using it has been, to gather a generous handful of the *whole* plant while on the way to see my patients, and order it to be steeped and drank freely, the more so the better. I have never seen an unpleasant symptom arise from it, although I have used twice the above named quantity in twenty-four hours.

Series. Cryptogamia. *Nat. order,* Musci. *Genus.* Polytrichum, Calyptra apparently formed of fibers of hair or flax. Capsule four sided, nodding in old fruit. Peristome single sixty-four teeth. Flowers diœcious; sterile flowers eup-shaped, terminal.

First species, *Juniperinum*, (Hedwig,) stems generally simple; pedicle supporting the capsule, smooth, wiry, two-third inches in height from the top of the plant; leaves entire; capsule oblong, about the size of a grain of wheat, surmounted by a leaked lid which falls from the old fruit, exposing the smooth dilated apex of the columella.

Second species, *commune* (Linn,) differs from the foregoing by being taller, and having serrate leaves; found often with the former, generally growing in damp places; possesses probably the same medicinal properties. Common name, Hair-cap Moss, and Robbin's Rye.

Case I. Miss O., in the winter of 1847 and 1848, had severe attack of typhoid pneumonia, and, while convalescing, her kidneys ceased to perform their proper function. This was followed by anasarca, the œdema commencing in the lower extremities and increasing very rapidly. The legs became enormously enlarged, to more than twice their natural size, presenting the appearance of polished marble, and so sensitive as not to be able to bear the least touch. After a few days, this was followed by ascites, respiration became very difficult, so much so that I was summoned to the patient's bed three times in twenty-four hours with a message that she was dying; pulse 140-150 a minute. I had been using diuretics, alteratives, frictions, counter-irritants and tonics, as the system had indicated, but all to little or no purpose. At this stage of the disease, Dr. Watson was called in consultation, and pronounced it a hopeless case, saying that she could not live twenty-four hours. For the nine days previous, she had been elevated to nearly the sitting posture, as it was impossible for her to breathe lying down, during this time, her position had not been changed, as the least motion produced dyspœno to an alarming degree. I now administered polytrichum freely (for the first time in my practice,) without any fear of doing injury, as I

believed that no medication could save or even prolong life many hours. In twelve hours called again; found her passing urine freely (or as the nurse said, by the pailful,) which afforded her great relief. Twenty-four hours from the time the polytrichum was first administered, the skin on her limbs could be laid in folds. The case after this improved gradually under the use of tonics, stimulants, &c., without any return of the dropsical effusion.

Case II. Miss A. 1848, had been troubled with ascites for more than twelve years; had consulted the physicians in Hartford and vicinity, and had been under the care of at least as many M. D.'s. as she had years been troubled, not only without any permanent amelioration of symptoms, but with gradual increase of disease. The ascites had been ascribed to hepatic derangement, for which mercurials had been freely administered; salivation had been the result. She became so susceptible to the influence of mercurials, that one-eighth of a grain of calomel would salivate her. When I saw her, the dropsical effusions extended over her lower limbs, abdomen and chest; pulse 120 a minute; respiration difficult; urine little in quantity and high colored, with a brick colored sediment. I gave her freely of the above named article. In forty-eight hours her dropsy had almost disappeared; she has had but one slight turn of the disease since, and that was induced by severe attack of dysentery.

Case III. Mrs. N., from New York City, 1850, had for years been troubled with scantiness of urine and consequent œdema; generally gained some relief from medicines; but, as she remarked, "had derived no benefit of late, because she had worn her medicines out." I gave her polytrichum; saw her next day, and learned of her that she had had occasion to urinate sixteen times during the night. On her return to New York, she took a supply of the article with her; saw her in New York three months after, and at that time there had been no return of symptoms to require the medicine again.

Case IV. Mr. H. of Hartford, 1853, had been unwell for six months, had been troubled with hepatic difficulties, bleeding from the lungs, œdema, very little urine, and sometimes none at all for several days.--His father hearing that I had been successful in the treatment of some very obstinate cases of dropsy, applied to me for medicine for that purpose. He informed me that the medical skill Hartford afforded could not give the least relief to his son for his dropsy; that he could not get on his trowsers or stockings. I gave him some polytrichum; did not see him for three weeks, when the young man himself rode up to me eight miles, with not only his trowsers and stockings on but also his boots. Mr. H. said: "In half an hour after taking the above medicine, he began to pass water freely, and his dropsical symptoms immediately subsided." I gathered him a supply of the article when here, but have recently learned that he has had no occasion to use it, as there has been no return of

the dropsy since, although three months have elapsed, and his other symptoms continued unabated.

I could give a long list of cases equally as striking if necessary.—
Am. Jour. of Medical Science.

EAST WINSOR—HILL OCT. 12, 1853.

CONCENTRATED MEDICINES.

WE extract the following from a communication in the S., M., Reformer, by Dr. Hatchett. As we are anxious to get before the profession all the information on the use of the Concentrated medicines, we shall gather every thing we can find, and hope our correspondents will give us every item of interest, or the best methods of using, the doses, the combination, &c.

The Macrotin and Hydrastin are excellent, better than the crude articles, and more of the peculiar properties of the Macrotin and the Hydrastin, are, or can be made to bear on the organism. The dose of these articles used in my practice, has been about two grains of Macrotin, with an equal quantity of Gum Guaiac, triturated with Saccha. Alba, pulverized, given morning and night, (twice per diem) as a tonic, in Amenorrhœa. Hydrastin I have used in one grain doses with Saccha. Alba in cold water, as a tonic during convalescence from intermittent fever, and other febrile affections; combined (Leptandrin Hydr.) 1 gr., Lep. 3 grs., Saccha. Al. 15 grs. I have found it efficient in 5 gr. doses, to prevent the return of intermittents when given one per diem. But I am disposed to give the largest share of the honor to Leptandrin. Fluid Extract Stilingia acted well; the Fluid Extract Lobelia I have found to be a safe, and rather an uncertain emetic in five drops doses; the Fluid Extract Cypripedium produced no effect worthy of note, as the crude article has always done in my hands. Myriecin, prepared by Kost & Co., Cin., received with above, seems good in its preparation, but I think the concentration of this article useless, as there seems to be nothing gained even in convenience of administration. Since the reception of the articles before mentioned, I have used the Extract Leptandrin, prepared by Kost & Co., Cin., decidedly the poorest and dearest Leptandrin that I have used, being rather a semi-crude article, and small in quantity for the money. I have also used some concentrated medicines from the American Chemical Institute, N. Y. The Essential Lobelia, a powerful article in doses of five drops, but don't act so well as the seed; and in fact no preparation of concentrated Lobelia seems better than the Semina Pulv., or to possess much advantage in the administration. Caulophylline from the Institute is good, and preferable to any crude Caulophyllum I have used, dose two grains in warm water as a parturient. Cypripedine from the Institute worthless, nearly so, though well prepared. Leptandria from the Institute inferior to Merrill's—does not so easily dissolve.

I consider, from four years trial of the Concentrated Medicines, that

Podophyllin is valuable, better for all purposes of direct administration, than the Podophyllum Peltatum; and Leptandria vastly superior to "Black R" in convenience of administration and efficiency of action. Macrotin, Hydrastin, F. E. Stilingia and Caulophylline good, as the crude articles, perhaps better, aside from their convenience; F. E. Lobelia, E. Lobelia, F. E. Cypripidine inferior to the crude articles.

You perceive that I rub up the most of the Concentrated Medicines, with pulverized Loaf Sugar, a small portion of medicine to a larger portion of Sugar, so that when ready for use, the bulk is nearly as large, as would be the bulk of the crude articles. I do this to divide the powder, so that it will readily dissolve, also to protect the mucous coat of the Esophagus, Fauces and Stomach from any chemical action that might injure them; for even the safest and best of medicines when highly concentrated, may injure the tender lining of these parts, as pure Bird's Eye Cayenne *will blister* a very delicate skin.

I will give you the quantity of the articles used, as I prepare them and use them in practice.

Leptandrin	1 to 5 grains, triturated with Sugar,	} Dissolved in cold Water.
Podophyllin	1-4 to 2 " " "	
Pod. 1 Lep. 4 gr.	1-2 to 3 " " "	} In cold Water
Caulophylline	2 grs, in warm water.	
Macrotin	2 " with Gum Gui in Sugar,	} In cold Water
Hydrastin	1 " " "	
Fluid Extract	Stilengia in Holland Gin—5 drops.	
" "	Lobelia " Tinc, Lobelia diluted with water--5 drops	
Sanguinarin	1-2 gr, with Podophyllin 1-2, Leptandria 2 grs.---dose 1 to grs,	

with Sugar, and dissolved in water.

These preparations have acted as previously stated, under my own direct administration; and I am daily using them to the satisfaction of Patients and Physicians, to much higher degree than the crude medicines ever attained, during a practice of ten years.

I have only begun, yet the article is too long already.

Yours, truly,

W. P. HATCHETT.

Original Communications.

LOBELIA INFLATA.—ITS MODUS OPERANDI, &c.

BY PROF. T. S. SPERRY, M. D.

Continued from our last.

From its being, as we have said above, a "powerful universal relaxant," it must, of necessity, affect the system generally, as a secernant and deobstruent,—that is it must indirectly promote the gastric, and biliary discharges,—the internal secretions, and perspiration; and it is owing to this principle, and this alone, that Lobelia produces urinary and alvine discharges. Prof. Tully of Yale College, in a letter to Henry Lee, M. D., speaking with reference to the narcotic and cathartic properties of Lobelia, says:—

"It is true, that I have stated in my public instructions, that

Lobelia Inflata is destitute of any narcotic, or even cathartic powers. I have been in the habit of using it, for twenty-seven years, in large quantities and small, and of witnessing its use by others, without a single indication of narcotic operation. The symptoms from which Dr. Bigelow *inferred* its narcotic power, are produced far more eminently by Tartrate of Antimony and Potassa, and Ipecacuanha, than by *Lobelia*; and I have not only witnessed them from sea sickness, and sick headache, but I have often experienced them in my own person, from these two affections. As to the *cathartic* powers of this article, I have the same ground for a negative decision, as in regard to its narcotic power. I have never been able to produce a laxative or even æcopratic (opening) effect with it. But *Lobelia Inflata* possesses another power of much more value than would be its narcotic power, if it possessed any. There is not, however, space to treat of it in this sheet. I can only say, that it is the exertion of this power, when *Lobelia Inflata* is used as an emetic, that gives it a superiority, *over all other* emetics in common use, for many diseases.

Thus far Prof. Tully. He has reference undoubtedly, in the last paragraph, to the powerfully relaxant properties which it possesses. We have introduced the above quotation from the excellent letter of the doctor, to show not only that his experience coincides with our own, but that, when fair and candid trial has been made, the result has been in the highest degree satisfactory,—has abundantly proved its utility and value in the treatment of disease. Most undoubtedly, the “peculiar effect” attendant upon its administration, such as extreme relaxation of the muscles, thus producing considerable prostration, sobbing, tremulous motion of the hands, and sometimes of the head, have prevented many persons, not to say physicians, from making more use of it. The peculiar effects are owing to the laxity, and consequent want of strength, for the time being, of the muscular fibre. But, notwithstanding these “alarming symptoms,” an observant person, or physician, if he be not too frightened, will find the pulse soft, regular, and full,—the surface warm and moist. When the “alarming symptoms” above enumerated, supervene, produced by any other cause, we find them attended by far different conditions of the pulse, surface, &c. When these symptoms are present, caused by the exhibition of *Lobelia*, those but little acquainted with its use are apt to be exceedingly frightened; and, in the excitement of the moment, without judgement, and almost without thought, they give dose after dose of this remedy and that remedy, to stay its action, and are much surprised to find their efforts of but little, if any utility. Indeed, there are agents often administered, which, by their action, prove fatal, and then the blame is charged upon *Lobelia*. We recollect a case in point. A lad some twelve or fifteen years of age, had, for some time, a disease of the stomach, causing him to crave, for food, the most indigestible substances. The parents consulted a physician, who administered an emetic of *Lobelia*. Muscular relaxation was the consequence, and the parents who had seen but little of

its effects previously, became much alarmed, and, during a brief absence of the first physician, called in a second, who knew as little of its operation as did the parents. He gave Sulphate of Morphine to check the action of the previous medicine. The Morphine produced not only the effect he supposed it would, but others which he did not expect. It not only stopped the action of the Lobelia, but effectually prevented reaction. The lad died, as might have been expected; when, if he had been left entirely alone, or given merely catnip, pennyroyal tea, his recovery would have been as sure as speedy. In general, the best way is to do nothing; for, as we have observed in another place in this paper, we have never known it,—even in cases of the greatest debility,—prostrate beyond the power of reaction to bring the system back,—that is, if let alone. If it be wished to provoke reaction sooner than it would otherwise occur, administer some agent which will produce counter action,—that is, a remedy which will produce stimulation and contraction. Alcoholic stimulus should never be resorted to, unless combined with a strong permanent stimulant tonic. The reason is plain. Alcohol affords a sudden stimulus which soon passes away, giving place to a depression which is in exact proportion to the amount given. If, however, it is combined with a stimulant tonic, as Capsicum, the depression is prevented, and the stimulant is retained, until tonicity is the result; but should a powerful narcotic, as Laudanum, or Sulphate of Morphine be exhibited, a rapid depreciation of the powers of the nervous system, (upon the vigor of which we depend for reaction,) ensues, and death takes place before the recuperative efforts of the system can throw off the depression thus induced. After all, as a general thing, no counteracting agent should be administered.

As an Emetic and Relaxant, its effects extend to every portion of the system, freeing the organism from all morbid agents, equalizing in all cases obstructed or deranged circulation of the blood or nerves. It has been objected to the New School, by its opponents, that, with its practitioners, Lobelia is the beginning, the end, and—if we may use the expression—sometimes the intermediate. This is not the case. It is never given alone, never exhibited by itself, but always combined with a systematic course of medication. Without tonics and permanent stimulants, sudorifics, &c., &c., even Lobelia would be of but comparative utility. We use as many different remedies as any class of physicians existing. It is very true, however, that we exhibit Lobelia in almost every form of disease; but that we could cure all those forms of disease with that agent alone is somewhat questionable. To be a little more explicit,—Lobelia is not a tonic, and, if at all a stimulant, but indirectly so; but it is a relaxant, sudorific, (its sudorific properties we have explained previously,) and anti-spasmodic. Now, if neither a Tonic nor a Diuretic Stimulant be indicated, but an Emetic, or Relaxant and Sudorific be, we would, of course exhibit Lobelia, no matter what the name or locality of the disease. It being a universal relaxant, it influences the organs no

farther than to free them from the causes of disease. It gives no aid—except indirectly—to the recuperative powers. After having been freed from the causes of disease, the system is left to its own power, to rise to its physiological standard. The causes of disease may have been operating upon the organism for some interval of time, direct debility may ensue; and the longer the causes continue to produce their chemical and morbid effect, the greater becomes the debility. Suppose we exhibit Lobelia. The tissues become relaxed and moistened, morbid agents, obstructions to healthy action and circulation, are thrown off; confined secretions are allowed to escape by their natural channels, and the organs are left free from the causes of disease; but present reaction takes place no farther than the point of previous debility. It is then to the aid of the debilitated organs, we send the permanent Stimulant, to excite them to a free and healthy action, and the astringent Tonic to solidify and strengthen them; until the system attains its physiological level. What mechanic erects his building previous to preparing the ground, and laying the foundation upon which it must rest? Lobelia merely gets the ground prepared, and lays the foundation upon which to build the superstructure of a cure. Obstinate biliary derangements scarcely ever yield to the mere use of tonics; from the fact, that they do not operate upon the *cause* of the derangement, but only act to give strength and a healthy action, after the cause has been removed. There is deranged and confined secretions of the gland, and an agent to remove it must be a thorough relaxant; after the operation of which, tonics can communicate their legitimate effect.

As a most perfect antidote to poison, it acts in precisely the same manner as when brought in contact with morbid matter, or in fact any agent which produces chemical action unfavorable to health, whether such agent be the result of diseased action, or poison introduced into the system in any manner. In cases of Tetanus, Suspended Animation, bite of the Rattle-Snake, and, last though not least, in Hydrophobia, it has proved of the highest utility.

We have not written the above, with a view to any dispute or discussion, but have simply put on paper a few thoughts and facts that have occurred to us. We have used it, and seen it used for many years; and the above is, as far as it goes, the result of our experience.

(Since writing this paper on Lobelia, we have chanced on the following delectable piece of information, which we copy for the edification of the readers of the Journal in general, and our friends of the "Old School" in particular.

The quotation is an extract from a course of "Lectures on Materia Medica and Therapeutics," by George G. Sigmond, M. D. published in the "American Journal of Medical Sciences," No. 43, page 198. Dr. Sigmond in the extract, is speaking with respect to the effect of Tobacco taken internally, and he says;—"In disordered respiration this herb, (Tobacco,) obtained the well merited confidence of the older physicians where no *organic alteration* has occurred.

It has however, nearly fallen into neglect. At the time that the *Lobelia Inflata* was the subject of the great panegyric, and that clinical lectures appeared in the periodicals, extolling its virtues in asthma, there was not a particle of it in the drug market. One firm at the head of which was a *shrewd, intelligent, practical* man, had formerly had great experience of Tobaeco, and he proclaimed that his house was the sole market for Lobelia. He made a spirituous tincture of the Tobaeco, which he *supplied to the trade pretty freely*, and it became a great favorite with the profession. My own experience led me to its frequent employment; nor did I discover for some time the artifice which had been practiced."

Commend us to this *honest* and "*practical* druggist." If we are not excessively mistaken, some portion of the "milk in the cocoanut is accounted for." It is very singular certainly, that Tobaceo, when given under the name of Lobelia, should be found to produce narcosis, and no less singular, that the people should be found, to make and publish assertions on trust, and with no more basis of truth, than that the effects following Tobacco, should be ascribed to Lobelia, because it chanced to be so labelled. We have given the quotation to show where, at least, some portion of the bad name Lobelia has had, came from. We shall take another opportunity, of recurring to the subject matter of this quoted paragraph, and for the present let our readers make their own comments.)

ECLECTIC THEOLOGY.

BY PROF. J. D. FRIEND, M. D.

MR. EDITOR:—"This is a progressive age—progressive in all that relates to man as a social, political, industrial and religious being. He is constantly lengthening his cords and strengthening his stakes. "Excelsior" is the motto of the age; and *Progress* is everywhere demanded and sought after. The dogmas of the past are cast aside, like a tattered garment, and independence of thought and action characterise the conduct of the toiling masses."

Such was the announcement prefixed to a call for a grand Mass Meeting to be held at Timbuctoo city, to take into consideration the propriety of establishing a new order and system of theology to be known and recognized by the name and style of the "Eclectic System of Theology." I resolved to go. Here, thought I, will be a gathering of red spirits and white, blue spirits and grey, and of all sorts of spirits—a good epitome of extremes; a commingling of opposites in one general concert of affinities. I went! The meeting was appropriately enough, held on the dividing line of Zimbucton and Letterrip counties. The stage was erected in a grove, flanked on one side by a hickory and on the other by a white oak forest. The meeting was organized by calling the Rev. Mr. Allsorts, of the independent nineteenth century persuasion, to the chair, and appointing Mr. Exceeding Fine, Jr., Scribe. Mr. Cineinnatus Chameleon arose and said, "Mr. Speaker, this is a momentous occasion—a *great* occa-

sion, sir ; an occasion of the most multifarious and prospective importance, sir. Not only so, but it is a very solemn occasion. In short, sir, it is an occasion.—

Here Mr. Chameleon was interrupted by Ex-Alderman Shanghison, demanding that before the mass meeting proceeded any farther that the exercises should be solemnized by prayer. Mr. Whatever Iss was on his feet in a moment. He was opposed to all such formalities. It was sheer hypocrisy and “nothing else.” “Sir,” said he, “prayer is a relic of barbarism ; an offshoot of heathen philosophy. Let the Flat Head Indians, the Bimbuctororers and the Brahmins cling to the exploded fallacy ; it is worthy of their uncivilized condition ; but for the independent citizens of this free-thinking nation to imitate and practice such mummary, it is all gas and moonshine.”

The Rev. Mr. Turtle Dove was pained, he was grieved, he was exceeding sorry, he was sick at heart at the impious sentiments of the last speaker. He would go down on his knees ; nay more, he would take the humble position of the menial, and on his very bowels with hot tears beseech gentlemen to pause before they further went, and in a sweet spirit of compromise allow himself or some other qualified person to perform the most sacred office, on this most solemn occasion.

Mr. Mitre did not object to prayer in the abstract, but he was opposed tooth and tongue to all extemporaneous efforts. If any gentleman had come prepared with a well written official prayer he should not object to hearing it read.

Mr. Methodical Freesay wanted Mr. Mitre to bring out, if he could, his authority, *sacred* authority for written prayers. For his part, he was *down on 'em*. There was no essence in them ; no pith or power—they were nothing but sounding brass or a tinkling cymbal—mere pride and putty.

Mr. Outside was for a Baptist, Mr. Allvote thought a congregational clergyman should be selected. Mr. Argus was much attached to the Unitarian persuasion, *per se*, and Mr. Round-head was as strongly determined on a prayer from a Presbyterian. He was Eclectic in faith and practice, yet plead guilty to lingering fondness for the flesh pots of puritanism.

Mr. Whatever Iss rose evidently laboring under a high pressure of excitement. He would have gentlemen to understand that he did not come here to be insulted, and that to *be* insulted he wouldn't. He had his own views ; and in a courageous spirit of Eclecticism he was bound to defend them against a thousand canting hypocrites. He believed the object of this meeting was to adopt a platform of principles on the Eclectic system ; and he would therefore now move that a committee of one from each faith or creed here represented, be appointed to report a platform as aforesaid, to be submitted to the mass meeting.

Mr. Dove begged for one moment's attention before this proposi-

tion was put to vote. He spoke when he was up before from the bottom of his heart.

Mr. Quiz wished to know where his heart lay.

The Chairman demanded silence. Mr. Turtle Dove proceeded, with his hand on his left breast. He was always for peace—and ever anxious to make crooked things straight.

Mr. Quiz desired to know if the speaker included the ram's horns that blew down the wall of Jericho.

Mr. Dove would bear meekly the taunts of his beardless young friend, who would have been wiser, had he tarried in Jericho till the hair on his lip had acquired the sharpness and inflexibility of the animal he was supposed to represent on this solemn occasion.

A series of undignified agents and eclectic groans from D. below, to the most imaginable falsetto above, were well adopted to interrupt the *Harmony* and solemnity of the mass meeting.

Mr. Dove maintained his position. He was not to be intimidated by swine or wild beasts.

Mr. Quiz extemporised a "tiger."

Mr. Dove continued. He was in favor of harmonising antagonistic antagonists. But he was forced to say that he saw before him an incongruous mass of living ineongruities that dispelled, he feared, all hopes of a centralisation of sentiments. But rather than let this meeting break up in a row (he hoped the clerical gentleman present would excuse this vulgar expression,) he would move that an extempore prayer be now offered by the Rev. Mr. Turtle Dove, and a committee of five be appointed to draw up a prayer, (which must be purely eclectic,) to be read by the Mitre at the opening of the afternoon session.

Mr. Quiz suggested that the sailor's prayer in a gale of wind was peculiarly eclectic, and very appropriate to this meeting and the occasion.

Several voices demanded to know what the sailor's prayer was. Mr. Quiz gave it: "O Lord, if there is a Lord, save my soul if I have got a soul."

Mr. Dove fainted!

Exceeding Fine, Jr. was in favor of the proposition of the gentleman who had just suffered a melancholy collapse. He was always impressed with the idea that it was necessary to give and take.

Mr. Quiz wished to know if that rule would apply to hen roosts.

The chairman decided the question to be a *foul* insinuation against the habits and character of Mr. Fine.

Ex-Alderman Shanghison moved that Quiz be put out—His remarks were altogether too *foreign* and very personal.

Mr. Quiz admitted that he was a mere spectator and meant no harm, as he never was in the habit of crowing except upon his own dunghill. In this remark he would not be understood as deprecating the honest indignation of Mr. Shanghison.

The Ex-Alderman was appeased, and withdrew the motion.

Mr. Fine was about to say that it was necessary on this occasion to give and take. His father and his grand-father before him had acted on this principle. It was a practical idea. He was not particular as to the matter or manner of the prayer. It might be selected in sections and paragraphs from the various prevailing forms. What he wanted was a prayer. He was for a discriminating eclecticism in prayer—he was.

The Chairman, Mr. Allsorts rose with great dignity and said, Gentlemen—It is very evident to your humble servant, whom you have so highly honored on this occasion, that insuperable objections exist which must necessarily preclude the exercise moved by Mr. Shanghi.

Mr. Quiz begged to inform the chairman that the gentlemen named was Shanghison.

The chairman was aware that he was the honored son of old Mr. Shanghi, in whom, he was proud to say, he recognized the form and features of an old and valiant friend. He was glad to see that he could still hold up his head and fight for the truth. But, gentlemen, in the lawful exercise of my powers, I feel compelled to say and declare that the motion is *unconstitutional*, no constitution having yet been adopted by this meeting. Gentlemen, we must have an eclectic constitution as the basis of our proceedings, until which I shall declare all motions except with that end in view, as unconstitutional, void, and of no effect whatsoever.

Groans, cheers, and hisses followed the announcement. Pandora's box was opened. Such a confusion of tongues has not been heard since the last stone was laid in the valley of Shinar.

Mr. Uriah Universal finally obtained a hearing. He had come fifty miles on foot and alone, to attend this great convention. He anticipated harmony; he had found discord; hoped for peace; had been almost bewildered with wrangling; imagined he would meet with men of sound minds and compromising notions. He had been disappointed. Still he hoped for the best, and would therefore renew the motion, that we proceed at once to appoint a committee of one from each faith or creed to report a platform as aforesaid.

After a long and angry discussion the motion prevailed. The different sects were called in order, and for a time harmony reigned supreme, when Mr. Stoneheels arose much excited, and said, Sir, I demand to know why the Latter Day Saints are not recognized here? Sir, I am a disciple of Joe Smith. I ask why, and the echo of these umbrageous woods is my answer, sir. Yes, sir, and here are Holy Rollers and Comeouters and Hard shells and a host of other pious individuals like myself, who are turned out like shorn wethers to grass. Sir, if we are to have an Eclectic system of Theology, I want you to understand that a large place must come out of the Mormon bible, sir. Mr. Douay hadn't words sufficient to express the contempt in which he held the last speaker and his deluded cabal. A parcel of old copperplates had been dug up by a drunken clown, and palmed

off on a set of ragged and tattered ignoramuses who didn't know a Hebrew letter from a table fork. A pretty slice indeed you would cut of such a pattern.

The defender of Mormonism arose, swelling in his wrath. He would give Mr. Douay to understand that if he was an ignoramus, and Joe Smith an imposter, he never made bonfires of human beings, or put people's legs or arms out of joint for daring to question the infallibility of the mother of Harlots.

The Chairman strove to obtain order, and for a long time his efforts were in vain.

Finally, when Mr. Douay and the Representative of Mormonism (each having received of the other a black eye, as a memento of this *harmonious* convention to adopt a system of Eclectic Theology) were silenced, and some degree of harmony restored, he spoke as follows.

Gentlemen, my opinion is, the best thing you all can do is to go home, (cheers.) Ile and water won't mix, that's a fixed fact. I was a fool for coming here, (groans and cheers.) I might have known aforehand, that the idea of an Eclectic Religion was all moonshine. You all know it now, if you didn't before. If every man is to choose his own way, and go his own way, and have his own way, and teach, act and practice his own way, where is your "system?" Gentlemen, you'll break down in the first clause of the first chapter. You can't build on such a foundation. There aint cement enough in this meeting to plaster two ideas together. How then do you expect to get up a theology, a platform of principles? But some of you thought, who got up this meeting, that we could select from all systems what was good and leave out what was bad. Vain idea. You can't agree on what is and what isn't, so where'll you begin, and where will you end. No, gentlemen, a council of Chambermaids would laugh at you. Common sense and the nature of things is all agin you. There can be no system where there is no harmony, no system where every man is his own Judge.

Gentlemen, I advise you all to go home, and never again to be caught in so childish a business, as that which brought you here to-day.

The meeting adjourned in great confusion and the multitude dispersed, wiser if not better men.

CUTANEOUS DISEASES.

BY PROF. I. M. COMINGS.

PURPURA PETECHIÆ.-*Pathological description and causes.* This disease seems to consist of congestion of the skin without inflammation. It is characterised by the presence of petechiæ, vibices and ecchymoses on the skin. These may occur throughout the body, on the conjunctiva, in the mouth and in the interior of the body. It is a very singular disease, and sometimes occurs in the most opposite cir-

cumstances. Occasionally there is great debility, weakness of pulse and exhaustion; sometimes the most inflammatory states of the system. The *skin* is not in a state of inflammation, yet the system is in an inflammatory condition.

It bears some resemblance to the scurvy, and some have supposed it to be the same disease. It sometimes happens without any constitutional affection. There is no affection of the limbs and no sponginess of the gums as in scurvy.

Petechiæ may take place in many circumstances, frequently in typhus fever and in small pox between the pustules. It is common to meet with it in dropsy where there is great debility. Petechiæ very often occur where there is external dyspnoea, and sometimes in phthisis, where there is difficulty in breathing. There may be such debility of the vessels that they allow the blood to ooze forth. Or there may be an impediment to the return of the blood, and the blood may be forced out. Frequently no reason can be assigned for the disease, as it may make its appearance while the patient is in apparent health.

Diagnosis.—If this disease occur merely on the surface of the body, forming patches, it is called *purpura simplex*. But where there is bleeding from the mucous surfaces of the mouth, stomach and intestines, it is of a more alarming character, as it may produce apoplexy if the disease is on the pia mater. Sometimes the spots are large and sometimes there is ecchymosis. There is no inflammation or tenderness of the particular parts. It appears to be a mere congestion of blood. In severe cases the patient is pale and looks as if he were in a state of anaemia.

When there is a very little inflammation connected with this congestion, and attended with great tingling and even little vobeals, it is then called *purpura rutilans*. Frequently there is such tenderness of the vessels in old people, that if they rest upon their arm, or knock their hand against a door so as to produce the slightest bruise, ecchymosis will take place; this has been called *purpura senilis*, though it is not this disease at all, it is merely such a tenderness of the vessels that the slightest contusion produces ecchymosis. We must therefore distinguish between ecchymosis and purpura.

Treatment.—The treatment for this affection among our Allopathic physicians is very different. There is no satisfactory or universal mode of treatment. Wine, bark and good nourishment seem to be the best. But with us, we should give our pure stimulants, and endeavour as soon as possible to equalize the circulation, warm up the internal organs and call the blood to the vital functions.

Turpentine is said to be very valuable where there is hemorrhage from petechial affections.

Where we have typhus and other constitutional derangements, complicated with this, we must of course combat the other forms of disease as they arise.

Mild purges are indicated where the patient is not reduced.

Warm baths, nutritious diet, friction with coarse towels and stimulating liniments. If there is much debility, let the strength be sustained by stimulants and tonics.

DISCOLORATIONS OF THE SKIN.

Before we proceed to the description of those affections of the skin which are of a structural nature, we will remark upon a few discolorations of the cuticle which seem to require little more than to name them. They are lentigo-ephelis, naevi and vitiligo. The first of these,

LENTIGO, FRECKLE.

Is the name given to the multifarious small, rounded, brownish, yellow stains that appear upon the face, hands and neck. Sometimes they cover almost the whole body, especially those of a fair complexion and delicate skin. They are generally most abundant in childhood and youth. They are evidently induced by exposure to light and heat, although they do not seem to result from the direct action of the sun's rays. It is not properly a disease, as the parts upon which they appear never evince the slightest symptom of derangement. The best mode of preventing their appearance is to avoid the vivid glare of light and to protect the skin by some covering.

There are various secret nostrums in the market, but of their virtues in curing this affection we know nothing.

EPHELIS.

This is characterised by one or several irregular shaped, broad patches, of a light or dark yellowish brown; occurring most frequently on the front of the neck, chest, abdomen, groins and inner part of the thighs; generally accompanied with itching and sometimes with slight desquamation of the cuticle.

The patches of ephelis generally appear slowly; and remain several weeks or even months. They often occur in individuals enjoying the most perfect health, but sometimes appear to depend upon a particular state of the system, such as that which occurs on the approach of the menstrual period and during pregnancy. Violent excess may sometimes occasion their appearance, but they often have a connexion with a disease of the digestive organs. They occasionally occur upon the face of pregnant women.

The patches of ephelis, at first small, increase slowly, and attain a size varying from that of a sixpence or less, to that of the palm of the hand. These patches being separated by intervals of healthy integument, give the skin a very peculiar appearance. But at a later period they coalesce and cover over larger surfaces. There is rarely cuticular desquamation.

The red copper color of syphilitic blotches, will always prevent them for being mistaken for this disease.

Treatment. Little is necessary in this complaint. Mild aper-

ents, with a few vapor baths, will generally succeed. Alteratives and general restorative treatment is indicated. If the itching is very troublesome, an alkaline wash may be used.

NÆVI, MOLE.

Under the term of *nævi*, there are two very different forms of congenital affection of the skin included. The one termed *nævi pigmentares*, or mole, is seen on all parts of the body, and of all sizes. The other, *nævi vasculares*, or mother mark, is a condition of the vascular system and is not yet fully accounted for.

require no medication, but in some few cases where they increase in size, it is only necessary to have recourse to a surgical operation.

VITILIGO.

This is a partial colorless state of the skin, either congenital or accidental. It occurs frequently among negroes, and occasionally among whites. The small white lines which are seen above the abdomen of females after delivery, or those which succeed to ascites, are called by this term, but rather improperly, as these lines really consist of small lacerations of the rete mucosum, induced by the distension of the parts. The patches of vitiligo are white, and when they occur on parts of the body covered by hair, it is changed to grey or white. It is not uncommon to observe vitiligo on the scrotum. In old persons they often become quite large, but they never cause pain, itching or heat, and never require any treatment.

New York, 68 East Broadway.

Editorial.

ECLECTICISM AND MEDICAL REFORM.

It may be thought by some of our subscribers that we are too severe on Eclecticism—that there is at best but little difference between those who call themselves Eclectics, and the advocates of that Medical Reform we endorse—indeed, that a large number call themselves Eclectics whose faith and practice is in perfect accordance with our own. This we allow and have always known. We would have our friends, therefore, understand that it is not the *name* we oppose, but the *principles and practice* of very many of those who take this name, and who are *sui generis* the simon pure Eclectics. They are mostly those who live in the West, or the few scattered here and there through this state and New England, who are tainted with this mongrelism, this half-way-non-committal-liberal-practice, which allows its followers and fellows to use poisons, blister, cup, leech and scarify, only they must do it without injury to their patients, for they are very careful to promulgate far and near, that they never give any medicines to injure—are

strong advocates of innocuous medication, and loud in their denunciations against bleeding, calomel, and the whole catalogue of Allopathic poisons. They candidly acknowledge that they have stolen the Thomsonian thunder, but they have learned so much and grown so wise, that they can thunder out "*no poison*," "*no depletion*," "*nature's remedies*," "*promote the living principle*," "*sanative medicines*," &c. But in the next breath, only not quite so loud, they *teach* their disciples to use opium, cantharides, hyosciamus and other poisons, with cupping, leeching and other practices which are so much allied to Allopathy and the rules which govern that system, as to make the distinction difficult.

It is true they try to conceal their hypocrisy and inconsistency by pretending that these various poisons and methods of depletion, in their hands, can be so used as to be harmless—that "*medicines are not poisons only in degree*."

Who is so shallow as to be deceived by such sophistry? What Medical Reformer can be led astray by such inconsistency? How much more noble to stand upon the firm foundation—the no-poison platform, and not only stand upon it, and teach these truths, but *practice* them. This is the great difference between the Eclectic and the Medical Reformer. The former will dabble in these practices and mix up a little Allopathy, while the latter will not touch, taste, or handle these things. It is time that the true Reformer came out and separated himself from those who use such "*wide liberty*" in reference to the practice of physic. There is a distinction between those who use poisons, and those who do not. We must draw the line close, and if we would see the cause of Medical Reform prosper, it must be by adhering closely to that principle which "*rejects in toto every means and process, which in its nature and tendency, in authorized medicinal quantities, degrees or modes of application, has been known to have directly destroyed human life, or permanently injured the tissues, or deranged the physiological action; and use those and those only, which have a direct tendency to aid the vital organs in the removal of the causes of disease and the restoration of life and vigor*." Here, in one paragraph, we have the fundamental rule that should govern the Medical Reformer in his administration of medicines. If the Eclectic does not adhere to this rule in his *practice*, we care not how he *preaches*, or what he *says he believes*, he is unworthy the name and title of Medical Reformer. "*Eclectic*" is the appropriate cognomen, and let this term alone express the peculiar features of that practice that claims to know how to use poisons without injury to the system, and to draw blood without depleting.

OUR MEDICAL PHILOSOPHY.

WE had just taken up our pen to write a short article in reply to the Worcester Jour. of Medicine, on the above topic, when the Oct. No. of the "Physio-Medical Recorder" was put into our hands. It is so much better than we could write, that we copy it entire :

FRIEND KELLY—Permit me to make a few remarks in your journal, in answer to yours, on page 289 of your journal.

Speaking of the N. Y. State Physio-Medical Society, you say : " We judge from its proceedings, that it is not very ample or comprehensive in its views of medical philosophy."

Your grounds of judgement are, that it excludes the Eclectic College of Cincinnati and the one at Worcester, and "ignores" others of the same character ; and, that it recommends only four medical journals.

In doing this they commit no sin, provided they do not abuse any of the rejected colleges or journals, which it does not appear that they do.

The temper of your article is mild and gentlemanly, and meets my approbation. But I apprehend that you mistake the design of the Society, the extent of their "views of medical philosophy," and the justice of their course in excluding your *principles* from those views. Let us see :

Their views of medical philosophy are, that irritation, fever and inflammation are not disease, but nature's efforts to remove disease or its cause ; that disease is not legion, but a unit ; and that all *medicines* should be sanative in their character, and should act in harmony with the vital functions, and that poisons are such by quality not by quantity. These "views" govern all their "medical philosophy," and the Society are aware that the colleges and papers named profess the same views. They do not say that *no* others profess or teach them ; but they have no right to think that the Eclectic of Cincinnati nor the Worcester school do, and they think they have reason to *fear* that the Philadelphia and Memphis *do not*. The Eclectics of Cincinnati reject every one of the above "views of medical philosophy." They adopt the Allopathic doctrines, that irritation, fever and inflammation are diseases ; that there are hundreds of diseases ; that leeching, cupping, blistering and poisoning are proper means to cure them, and that poisons are such by quantity, not by quality. These are Allopathic doctrines, and are, therefore, no reform. How can they who labor to advance these be called true Reformers ?

You intimate that the the Worcester professors are true Reformers, but you seem to forget their late proceedings in rejecting a distinctive name, and declaring themselves Eclectics. You complain that the New Yorkers do not recognize you as Reformers, and, with the same breath, say that you step beyond this foundation (which embraces all truth in principle and all

innocent and effective medication) and "add a few extra planks to that platform."

If you add to truth and right, what you add must be wrong! You do not *preserve* the truth and right and add to them more that is true and right, which the New Yorkers would approve, but you remove their platform and place the old, erroneous and rotten Allopathic platform in its stead. As it regards the Memphis school, the New Yorkers probably suspended judgment about that, because two of its professors were willing to associate in teaching with those who reject the New York platform—a fact which you must confess looks squally. The Middle States school is made up, I believe, wholly of Eclectic professors, who if they are Reformers, must have lately turned a complete sommerset and rejected the doctrines in which they were educated, and adopted the very reverse. That college or paper is "orthodox," which teaches and demonstrates the laws of nature and their *modus operandi*, and obeys their dictates and fulfills their indications. If the Physio (not Physo) Medical Recorder does not this, its editor will be thankful to learn wherein. If you cannot include "The Thomsonian," because you know not its merits, you should not complain of others for not including papers of which they know not the merits. They do not feel justified in commending, as equally valuable, systems so directly opposed to each other as the Allopathy and Eclecticism are to their "views of medical philosophy." They can not think a journal "faithfully devoted to Medical Reform," that teaches all the doctrines, and nearly all the practices, of Allopathy. They do not see how this can be called "progession," and they are unwilling to extend the bounds of their philosophy "wide" enough to include such errors.

You say "your Journal must speak for itself." It *does* speak of "the disease of the ear," nearly all of which consist of *inflammation* in the different parts; and it recommends narcotic poisons.

The argument that extensive patronage to a college or a paper is evidence of the correctness of its teachings, and vice versa, would prove all Reform colleges and papers wrong, and many Allopathic right. And, again: journals and colleges that teach directly opposite doctrines can not be conducted with "equal ability," unless they are all wrong, for they certainly can not all be right. I assure friend Kelly, that all true Physio-Medical Reformers will thank him and all others to plant, in their garden, all the truths they find else where, and to weed out all the errors they may find within it. Finally, I do not see how Eclectics could have been pleased, had the New Yorkers included them among what they considered Reformers, as described in the platform adopted. It does not avail, to say that the Eclectics reject "mercurey and general blood-letting," for many of the Old School do this; nor that they call themselves Eclectic, for "the whole Allopathic faculty in

this country declare themselves essentially Eclectic" (*Am. Journal of Medicine.*) It is, indeed, a misfortune for men to differ from each other in opinion; but shall he whose opinion is right, give it up for the sake of harmonizing with him whose opinion is wrong?

Most respectfully yours,
A. CURTIS.

Cincinnati, Sept. 22d, 1854.

INTRODUCTORY LECTURE OF THE N. Y. MED. COLLEGE.

ON Wednesday evening, the 18th ult, Prof. Parker delivered the introductory Lecture to the course of medical instruction in the New York Medical College. Before he commenced, however, Prof. Green presented honorary certificates to some thirty students, who had attended the clinics and summer Lectures. He said there were peculiar reasons why he was pleased in performing the duties before him. It is well known in establishing the New York Medical College, one of the prominent objects of its founders was, to elevate the standard of Med. Education in our city and country. While many other young men, medical students, were fritting away their days in pleasure seeking, they were to be found in their laboratory, the hospital and clinics, &c.

After these few remarks Prof. Parker began by saying that medicine rarely seeks the aid of rhetoric and eloquence, yet it was not out of place for him to take this opportunity to make his profession better understood, and to present his thoughts on matters of interest to the public. He spoke of the difference in the training of the physician from that of the lawyer and the divine. This parable was very pretty and after carrying it along some time he observed :

Though the operations of surgery are more captivating to the public, yet many of the things which astonish by their apparent boldness and dexterity, require but little skill and less knowledge; to amputate a thigh requires far less of both than the opening of many an abscess. It requires more skill to restore a fractured limb to its usefulness than to cut it off. The one is, as its name surgery implies, "hand work," the other is often the most difficult *head* work.

Prof. P. then proceeded to enquire if medicine was a science? Is it based on a science, or is it merely the result of empiric observation? In answering this enquiry we think the Lecturer was not very happy. Every science must be based on facts, he observed: but let us enquire what are the facts in Allopathic medicine? What real substantial facts are known in the treatment of disease? Why such diversity of opinions? Why such disagreements?

The Prof. complained that the people "*think* they know a great deal about medicine," but, "he would say in confidence to his unprofessional audience that of a medical fact, unless it were the very simplest, they at least were not qualified to judge, and the more they think they know, unless they have been thoroughly and regularly trained in medicine, the more likely they are to be deceived by any and every charlatan. It is from the very fact of this easy and oft recurring deception that so many are led very seriously to doubt if there be a science of medicine."

How can we expect the people to have confidence in medicine when there is such contradictions and inconsistencies in every day practice, and when there is so much difference in treatment!! But he still continues:

"This question is not often bluntly asked whether there is a science of Medicine, and still it is perpetually put. It is asked and answered negatively, too, by every one who occupies himself with sweet do-nothing pellets, or with herb teas, or with only water as a remedy, or with equal confidence with only inhalations. It is asked by every funeral train that bears away the bodies of those who die because of their adopting peculiar notions of medicine, or because they gave in their adhesion to some theory concerning which they were unable to judge.

"Is it strange, said the lecturer, that we feel the stinging insult of the question? For what does it, what can it imply, but that we are a set of cheats and knaves, or fools and blockheads, or perhaps it is both combined. I know if we cry out against the wrong done us and done to the community, it is thought to be because our craft is endangered. But it is not so—it is not our craft that is jeopardized, but it is lives, which are alike valuable to us and the whole community.

"The practice of Medicine is based upon a true science, stretching back beyond the age of HIPPOCRATES, than whom no greater genius is boasted by his nation, enlarged and built up by the labors of men in every age, second to none in intellect, industry and integrity; never lagging in its progress behind other sciences, but always in the foremost rank, and now embracing in its students a body of men, who, for all desirable qualities, fear no comparison with any other class. Is it wise, creditable or safe to set such a science aside, to follow the vagaries of any moon-struck transcendentalist, or wild visionery or ignorant empiric? It is no mark of superior intelligence or greater cultivation, or remarkable discernment, but on the contrary of all of them; and if his life does not fall a sacrifice to this theorising, he will be sure, perhaps only too late, to seek assistance from that which is now slighted."

Having thus given the accustomed hits to the Reformers, and stated that it was our ignorance which causes us to oppose Allopathy. Prof. P. speaks of the College, its difficulties, its high aspirations, &c., &c. He added it is right that we should ask and receive the countenance and support of the public.

OPENING OF THE MEDICAL SEASON.

WE cut the following from the New York Daily Times. It is but a fair and candid exposition of the advantages of this city, in reference to medical education, and it will be understood that the students of the Metropolitan have the same free access, to, and enjoy all the advantages of the Hospitals and clinics, which are enjoyed by the attendants on the three Schools mentioned. So far as operative Surgery is concerned, we think the Spring season, affords a greater number of cases than the winter.

"It is an evidence of good sense in the young men of the country that such crowds of them are to be seen in town just now,—gathering here to attend medical lectures. The three medical colleges this week open their regular courses, and there are indications that their rooms will be well attended. The facilities of New York for furnishing a thorough education in medicine are not surpassed in any American city, and, except for the study of some few specialities, we may add, in the world. The student does not need to seek opportunities to see disease—he has only to select out of the abundant hospitals and clinics open to him, the first that he can attend. We have general hospitals within easy walk of each of the schools, where every form of disease which our climate permits is treated by the very best of our physicians, and where surgical operations must necessarily be of every day occurrence. Then there are special hospitals, in which the more advanced may learn in a month what books could not teach in years. Access to them all is easy. For the practical study of anatomy there is no city like New York; and for the prosecution of any department of medical science, no American city begins to compare with this. If this looks like boasting, a comparison with any of our sister cities, as to the number of public charities to which hospitals are attached, as to the asylums into which the sick from every part of the globe are daily drifted, as to the number of hospital beds,—as to the Infirmarys, Dispensaries, and Homes for the ailing of special disorders, is cordially invited."

BACK NUMBERS.—We are happy to say to our readers that we have made arrangements to furnish all those who desire, a full volume of the "American Journal of Medical Reform," published in 1852, and edited by our talented colleagues, Prof. Friend and Dr. Sweet. As this volume of our Journal was called by our fraternity, the "best Reformed Medical paper ever published," we hope to have many orders for it. We will furnish the 1st and 2nd volumes and the 3rd volume, which commences the first of January, 1855, for two dollars in advance. Let us hear from friends at an early period. Address Law & Boyd, 68 East Broadway, New York.

ECLECTICISM.

THE communication on "Eclectic Theology" shows the folly of attempting a union of parties or systems which are diametrically opposite to each other. What folly to attempt to build up a system out of the pieces and parcels of other systems, which are all founded in error. No system of Medical Practice can stand the test, unless it has some fundamental ground work which has its basis in nature and physiological laws.

It is either right or wrong, consistent or inconsistent, to use a poison as a medicine. Poisons either act harmoniously with the human organism, or they do not. If Eclecticism takes the affirmative, then it is Allopathy. If the negative, then it is Medical Reform; and they *practice* different from what they *preach*.

It is just as inconsistent for the Medical Reformer of the present day to unite with the Eclectics, who advocate the use of poisons, &c., as it is to attempt a union of Mormonism with orthodoxy, or to unite all the so-called Christian sects in one grand Eclectic Theology.

We trust all true Medical Reformers, who desire to see our principles triumphant, and to be consistent, will keep aloof from all amalgamation with erroneous systems and doctrines.

EXTRACT OF LOBELIA.

We have received a sample of Extract of Lobelia from our friend John Hooker, M. D., of Springfield Mass. It is the pure inspissated juice of the whole herb, and of course contains the whole virtues of the plant. We have used various preparations of this emetic, and must give the preference to this form of Lobelia. It is sufficiently concentrated for general use. The Lobelin may be a convenient preparation for children, but the Extract, made into a liquid form by the addition of one-third water and one-third alcohol, and then used in doses of a few drops on sugar, is one of the most valuable ways to induce emesis. The Extract can be used in form of plasters and various other methods, that make it really one of the most convenient preparations we have. The Lobelin, in form of powder, we have never used, and hence cannot speak from experience. We hope our practitioners will give us their experience in the use of the various forms and preparations of this most valuable article, which is soon to become in general repute among the Allopathic profession. This Extract from Dr Hooper, is among the best articles we have ever used.

During the absence of the editor south, this winter, the immediate charge of the Journal will be in the hands of Dr. Sweet. Our readers will hear from the editor as usual, and our colleagues, Profs. Friend and Sperry

will wield the ready pen ; so that we anticipate our pages will be well filled during the next few months. All communications for the Journal, and all moneys, may be sent to Law & Boyd, No. 68 East Broadway, New York.

MEDICAL COLLEGES IN NEW YORK.

UNDER this caption the Tribune of the 23d of October, gave a concise history of each of the Medical Colleges in this city, and closed by the following allusion to our Institution.

"To this account of 'regular' colleges we may add a mention of another institution, which is considered by the former as decidedly of the 'irregular' school. The METROPOLITAN MEDICAL COLLEGE, No. 68 East Broadway, was incorporated in 1852 with university powers, and has held two sessions, graduating six students in 1853, and nine in 1854 ; total 15. Its third session will be commenced next March, and be continued four months. The teachings of the Metropolitan are based upon principles adopted by the 'National Medical Reform Convention,' held at Baltimore in 1852."

This is all very well. We consider ourselves quite fortunate to be considered "*irregular*," since it does not include the poisoning, depleting, colomelizing "*regular*" practice, which is fast becoming, in the estimation of the masses, unworthy their support and confidence. *Regular, indeed !* When there is hardly two schools in the land that teach the same doctrines or practices ; and the only regularity that seems to obtain, is that of *agreeing* in the constant use of the most virulent poisons, and the most murderous course of depletion.

BLISTERS.

If any of our young physicians are tempted to use cantharides at any time, or think that a blister may be indicated, let them use an ointment made in the following manner :

Take of Extract of Capsicum,	-	-	-	1 drachm.
" Simple Cerate,	-	-	-	1 ounce.

Use as a rubefacient, and if this does not produce the necessary excitement, they need not think that vesication will do it.

☞ The communication of J. Early M. D., in relation to Bilious Colic was crowded out this month, but will appear in the next number of the Journal.

TAKE NOTICE.—Our subscribers will take notice that hereafter all dues and subscriptions to the Journal, will be sent to Law and Boyd, No. 68 East Broadway, New York, and all communications addressed to the editor at the same place.

WHIMSICALITIES OF INSANITY.

A literary gentleman of some celebrity, who, in consequence of a slight affection of the brain, was for several months the inmate of an insane asylum in Scotland, has recently published his "impressions" of life therein. He says that one of the most singular of his fellow-sufferers was a gentleman who was a very beautiful billiard-player, and old inmate of the house, and quite a psychological curiosity. He seemed like a man in a walking dream; and historical events and personages, from the dreamland of his memory, were perpetually mirrored on his brain. He complimented the writer by supposing him four thousand years old, and considered the events and persons of the present generation unworthy of notice. The following is a specimen of his extraordinary reminiscences: "Oh yes, Mr. —, I knew old Noah very well! There were two Noahs whom I knew; but old Mr. Noah lived some thousand years before the Noah you refer to, who built the ark. I had a good deal to do with the construction of the ark, and furnished some very useful hints in regard to the admission of air and light, and so forth. He was a very respectable man Noah, with a decent family, but unfortunately he got into very dissipated habits in his old age, and, in spite of all I could say to him, he indulged in wine to a very hurtful excess. Julius Cæsar was a very clever man, with a bald forehead; but I was more intimate with Alexander the Great of Marcedonia, as I was long in the military profession myself. I one time commanded three millions of men about three quarters of an inch tall. No; they were not Lilliputians. I knew Captain Gulliver very well. And they were smart enough little fellows; but my men were excellent marksmen—they always aimed at the eyes, and never missed. I'll tell you, Mr. —, the most extraordinary thing you ever heard, which beats railroads. I was once transported from the farthest shores of Indiana to the centre of Africa in three minutes! By what means?" he repeated, in reply to a question respecting his method of transit—"By a bomb!" In reply to my remark, on the danger of being wafted so rapidly over vast oceans, he continued—"Yes; it was attended with considerable danger. I once came down souce into the ocean; but fortunately I hailed a vessel, which came to my relief, and I pursued my journey to the wilds of Africa, with the loss of only ten minutes! Sometimes, however, the poor gentleman would seem doubtful of his own veracity, or the strength of his memory, and remark—"My memory is not so good as it was, and my health, for the last hundred years, has rather failed me, which makes my head a little confused." And thus he moves about his walking dream, wearing out his existence between his pipe and a game at billiards, diversified occasionally by a short excursion in the neighborhood, in charge of an attendant."

METROPOLITAN MEDICAL COLLEGE.

THIRD ANNUAL ANNOUNCEMENT.

Faculty of Medicine.

ISAAC M. COMINGS, A. M., M. D.,
Professor of Anatomy and Surgery.

I. N. LOOMIS, A. M., M. D., F. R. C. S., &c.
Professor of Chemistry and Botany.

JOSEPH D. FRIEND, M. D.,
Professor of Physiology and Pathology.

HENRY A. ARCHER, M. D.,
Professor of Theory and Practice, and Clinical Medicine.

THEODORE S. SPERRY, M. D.,
Professor of Materia Medica, and Therapeutics.

SILAS WILCOX, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

HENRY S. LINCOLN, A. M., M. D.,
Professor of Medical Jurisprudence.

The next Session of the Metropolitan Medical College will commence on the second Tuesday in March, 1855, and continue four months.



The entire fee for Matriculation and Lectures will be	-	\$100.00
Graduation,	-	20.00
Students having attended two courses in any other Medical College, but none in this,	-	10.00

As we are desirous to accommodate all who wish to enter the profession, if any student is limited in his circumstances and unable to pay the full amount, by making arrangements with the President of the Board and the Faculty, he can be admitted on more favorable terms, which arrangement shall be confidential.

Good Board can be obtained in the city for \$2.50. to 4.50, per week with all the comforts of good room, lights, fuel, &c.

Students wishing further information will address H. M. Sweet, M. D., Sec., at the office of the Board of Trustees, No. 16 West 13th Street, N. Y. or Prof. I. M. Comings, No. 68 East Broadway.

A. DOOLITTLE, M. D., *Pres.*

H. M. SWEET, M. D., *Sec.*

THE Journal of Medical Reform.

DECEMBER, 1854.

Selections.

THE MODUS OPERANDI OF MEDICINES.

BY M. M. RODGERS, M. D., ROCHESTER, N. Y.

(Concluded from our last.)

Tonics produce an augmented action of the circulation, temporary strength, and, finally, fever—when taken into the system in a state of health; but this condition is followed, after a short time, by collapse and debility. In both healthy and diseased conditions, they tend to dry up the secretions and excretions, and thus act as astringents; in this way they arrest night sweating, diarrhoea, and other excessive discharges. Thus a re-action is produced upon the current of circulating fluid, which causes the tide to set back upon the system and prevent depletion from morbid action. In this way, also, arterial blood is economized for nutrition, while the *vis medicatrix naturæ* restores health.

Febrifuges are anti-periodics in their action, and to some extent are all tonics. They are supposed to terminate periodical diseases, by imparting temporary strength and stimulus to the system, which interrupts their paroxysm during a sufficient length of time for nature to accumulate lost vigor and restore normal action.

Nauseating medicines restrain hæmorrhage, by causing faintness, which relaxes muscular tone and energy, and thus lessen the force of the circulation, and allow coagula to form at certain points and bleeding vessels.

Purgatives operate mostly by stimulating the muscular coat of the intestines, and thus increasing peristaltic action. The purgative effect of mineral waters is supposed to depend on the large quantity of water which holds in solution small quantities of mineral salts; the same salts dissolved in any water have the same effect. They are supposed to operate by the stimulus of distension, so that, after all, their operation does not depend on their peculiar constituents or com-

bination. Some salts have so strong an affinity for water that they absorb the fluids from the surface of the intestines by exosmosis, thus overcoming physiological action.

Narcotics are supposed to act by their sedative or depressing influence on the nervous system; or, in other words, they *operate by operating*.

Astringents are supposed to exert their secondary effect on the blood, or bloodvessels from which the secretions and excretions are produced.

Emetics are local irritants, which stimulate the mucous membrane or nerves of the stomach, and produce vomiting by reflex action. This explanation is involved and unsatisfactory. Authors say vomiting can only take place through the medium of the nervous system; that the action of the spinal, and other nervous centres, constitutes the proximate cause. How do we know whether vomiting is the cause or the effect of this disturbance of the nervous system? These explanations of the operations of medicaments are of the same kind and alike unscientific and unsatisfactory, with the system of pathology which makes every disease a unity.

If we were to sum up the teachings of authors on this subject, and make an abstract, it would amount to no more than the assertion that *all medicines* produce their characteristic effects by *stimulating* different organs or tissues of the body. They do not explain the ultimate relation between the medicines and any particular substance or tissue of the organism. They only give the aggregate of a series of chemical and mechanical processes which had occurred primary to them. Thus the totality of medicinal or pathogenetic effects are thrown together and explained in a single word, as purgation, emesis, stimulation, &c.

We shall now consider the manner in which all medicines must be primarily related to the different chemical elements of the body, and attempt to show that there are only *two ways* in which every article of food or medicine, whether solid, or liquid, or gaseous, must act when taken into the system. It will then be apparent, that what we call the specific operation of medicines, is not really any part of their *action*, but only the manifest consequences of preceding chemical action of their elements; that tonics do not *directly* impart tone to muscular fibre; that cathartics do not *directly* produce peristaltic action; that febrifuges do not cure by interrupting the febrile paroxysm, &c.

The only two modes in which any substance can act upon the system as a medicine, are by *chemical affinity* and *electricity*. Mechanical or physical effects often result from these, but are no part of the primary action. These are the only means by which *elementary* changes take place in bodies, whether organic or inorganic. This will be more apparent when we consider the conditions necessary for the development of either of these forces.

Electrical action may be excited between two bodies, either wet or dry; between gases, liquids and solids. Chemical affinities can only be brought into active play by high heat, eremacausis, or the presence

of moisture. When two certain substances, both dry, are brought in contact, electricity may be excited; when two certain substances, one or both moist, are brought in contact, electricity or chemical affinity must, one or both, be developed. Whenever this is the case, a change of elements must take place between the two bodies; the old union is dissolved, and new ones are formed; so that these elements have different relations to each other, and to all other elements. In the human system, a long series of chemical changes may follow this first separation and re-union, and part of these changes may be manifested as the effects of medicines.

One obstacle to our understanding the *modus operandi* of medicines is, that the changes which follow their passage into the system are concealed almost entirely from our view. The pain which would succeed the swallowing of sulphuric acid, for example, would indicate the action of some powerful agent on the stomach, without giving any clue to the changes which were taking place in consequence of the affinity between the acid and the organic elements with which it was in contact.

Another obstacle is, that the elementary composition of the fluids and tissues is not constant and invariable in quantity or quality. But the greatest difficulty, probably, consists in the mixed and complicated nature of medicinal substances; and especially those from the vegetable kingdom. Those medicines which have the fewest elements, and are best known in their constitution, are most easily explained and understood in their action. The numerous elements in vegetable substances are all compatible and harmoniously united, during organic life, and all so combined as to allow the full development of the organism, the perfect performance of vital functions, and the consummation of its design. But when vitality closes, the juices evaporate, volatile matters escape, the organic elements undergo metamorphosis, and new compounds are formed; so that the chemical character is different in the dead plant, its constitution variable, and the union of its elements unstable.

In consequence of this weakness of affinity between the elements of organic bodies, their equilibrium is easily overcome by any disturbing force, so that the chemical character of any vegetable medicine is no index to its operation. We cannot predict what changes it will undergo, and what new compounds will be formed, when it meets with acids, alkalies, salts or gases, in its course through the system.

Opium, for example, is a complex substance, among the elements of which are the alkaloids, morphia, narcotinc, codeine, thebaine and narceine, besides tannin, extractive and coloring matter, &c. Some of these substances have a strong affinity for others, which are held in solution or a state of unstable combination, by the fluids of the system, so that we must commence with the first changes in order to trace the operation through all its deviation until it leaves the system, or is assimilated to its tissues.

Medicines whose compositions are isomeric, generally operate simi-

larly. Morphia, codcia and solania, are almost isomeric; they all contain about the same proportions of carbon, hydrogen and oxygen, and only a trace of nitrogen. Their peculiar and similar operation may depend upon this condition, as they must be similarly related to the elements of the body. According to Liebig, opium, nux vomica and cinchona, are supposed to take a part in the "transformation of the old, or formation of the new brain and nervous matter." Again he says, the substance of the brain and nerves is produced from the elements of vegetable albumen, fibrine and caseine. He concludes, in relation to the operation of medicines, "they must take a direct share in the change of matter in the body, and exert an influence on the formation or quality of a secretion by the addition of their own elements."

The Galenical preparations, such as infusions, tinctures and soluble extracts, have the advantage of being more pure and of operating on the tissues with greater promptness.

But from the complex character, feeble union and wide range of affinities, of all organic compounds, it is impracticable, if not impossible, to trace their passage through the body and ascertain their ultimate effects on all parts and functions. The only way, then, to study the *modus operandi* of medicines, in accordance with chemical laws, is to use those of the most simple and well-known composition, such as acids, alkalies, oxides, salts, alcohol, ethers, and vegetable proximate principles.

Several forces, besides chemical affinity and electricity, are supposed to exert some influence in the operations of medicines; viz., vital principle, animal heat, magnetism, mental action, and idiosyncrasy. But we are as unacquainted with the nature of these forces, as with electricity, or any other; we see their effects merely, and this is simply about all we know of them. To turn the explanation on one of these terms, or another, is to change the formula merely, without developing any new idea or illuminating an old one.

In such investigations, we almost imperceptibly transcend the limit of purely physical principles, and find ourselves finally groping in the maze of metaphysical abstraction. So attenuated and nice is the dividing line between actual knowledge and speculation, that we are willing to couple the logical expression of a physical fact with a metaphysical consequence, and thus yield assent to a fallacy, rather than destroy the chain which binds together a beautiful theory.

Galvanic or electro-galvanic currents may be developed by the action of free acids, often present in the stomach, upon the mineral elements of salts and oxydes, taken as medicines. These currents possess electro-positive and electro-negative power, and tend to decompose and revive elementary combinations. They may also cause decomposition in some of the tissues of the body, since their affinities are weak, and they all contain, in their normal state, more or less animal matter. In this way the action of medicines is modified in some cases to an important extent.

We shall now leave the general consideration of our subject, and proceed to the explanation of the *modus operandi* of a single substance—viz., alcohol—as an example illustrating our views. In this explanation, although imperfect, we think we have traced the connection of cause and effect farther than has before been done; we claim, also, that the explanation is nearly correct as far as it goes; and, finally, that the operation of all medicines, of known elements, can be equally well explained.

Operation of Alcohol.—It is a principle in natural philosophy, that all bodies, in passing from a rarer to a denser state, evolve heat. Alcohol is lighter and less dense than water. When it is taken into the stomach, it mingles with the gastric juice or whatever fluid the stomach contains, and which is much denser than itself; consequently when the union takes place, the alcohol becomes more dense, and the mixture gives off several degrees of latent caloric. This may account for the first caloric effects felt in the stomach. The heat thus generated stimulates arterial action, by its tendency to expand in volume the blood and other fluids and tissues. This expansion, while it augments the bulk of the circulating fluid, diminishes the calibre of the vessels, thus rendering necessary a greater velocity in the circulating fluids; this increased velocity increases the friction between the blood and the sides of the vessels, and consequently augments the heat. After being absorbed, it passes with the blood through the lungs, where a part of its oxygen undergoes combustion in the capillaries, and thus increases animal heat. Its carbon and a portion of its oxygen unite to form carbonic acid, which acts as a sedative on the brain and nervous system. Alcohol, by its power of coagulating the albumen of the blood, causes in this way obstruction to the capillary circulation, which is followed by swelling and obstruction to the next larger vessels; this soon causes congestion of various points, which congestion re-acts upon the larger vessels behind those congested points, causing them to become distended, and thus exerts an injurious pressure upon the nerves lying in their vicinity. When this congestion and consequent pressure extend to the brain and other nervous centres, sensation begins to diminish, motion becomes irregular or involuntary, the senses wandering or entirely lost, and apoplexy and sometimes death ensues. This is termed intoxication; and when it terminates in resolution, the functions are gradually restored, without serious organic injury to the system.

To recapitulate in conclusion, briefly; alcohol acts as a *stimulus*, by furnishing to the different tissues an increased supply of highly-oxygenated blood; and by the heat it produces by mixture with other fluids: as a *sedative*, by producing pressure upon the nervous system by congested vessels, and by causing the whole system to become surcharged with carbonic acid. That this is the mode in which this medicine operates, seems to be established by its pathogenetic effects, by the treatment necessary to cure these effects, by analogy, by post-mortem appearances, and, finally, by chemical principles.

FOMENTATION.

BY S. O. GLEASON, M. D.

FOMENTATIONS I esteem so highly in my hydropathic treatment, that a short article on their practical utility may not be without interest to the readers of the JOURNAL. Although a simple remedy, I apprehend that it is but poorly understood, and but little used, out of Water-Cures. It is so valuable and easily used, that it may be applied to relieve pains and suffering at any time, and in almost any place. To describe the method of applying this remedy would be useless, as it has so often been presented in Water-Cure books. I shall, therefore, only state some of the phases of disease and pains to which it is applicable.

I. Where there is pain and soreness in the neck or chest, fomentations for twenty minutes to one half hour just before retiring, followed by the neck bandage or chest bandages, will give relief and procure sleep in many instances, where all other appliances would fail. In acute cases of this description, this remedy is invaluable. I have subdued the most violent inflammations of the lungs and larynx, by using these before packing, and at night, before retiring; putting on the bandages after. In two cases of pneumonia (inflammation of the lungs) which I have been called some eighty miles from my home to see, fomentations have been my chief reliance. They drive the blood to the surface so rapidly, that the deep-seated congested internal vessels are relieved of their superabundant fluid, and the patient is soon enabled to take deeper and freer respirations, while the acute pains and soreness subside. So much confidence do I have in this mild but powerful remedy, that I should hardly know how to treat the above forms of disease without its aid. I think that many, in home practice, fail in treating acute cases of chest diseases, for the want of a knowledge of the use of fomentations.

II. In congestion of the lungs, where there is a violent, racking, dry cough, almost constant, this remedy is of inestimable value. Many such cases are presented to us, especially in the early part of spring; which, if not relieved, would terminate fatally. In these cases the fomentation should be applied directly over the congested part; it should be used *hot* as can be borne, so as to redden the surface. It should be repeated from two to three times a day, according to the severity of the symptoms, and the ability of the patient to endure it; packing and bandages, of course, are to be used in connection. In a few days the incessant cough will begin to diminish, expectoration will commence, respiration will become easier, air will enter the congested part of the lungs by degrees, until the patient becomes perfectly restored.

This I have seen verified in at least (during the past eight years) one hundred cases. If the case be not too far advanced, the remedy is certain to effect a cure, if faithfully applied and persevered in long enough. It generally takes from six to twelve weeks to effect a per-

manent cure. Most of these cases would terminate in softening of the lungs, or consumption, if not relieved. Many make shipwreck of their lives by neglecting slight congestion of the lungs. Too early and prompt attention cannot be given to this serious and often fatal form of disease.

III. Where there is great restlessness, inability to sleep, excessive irritability of the brain, great desire on part of the patient to be on the move, *warm*, not hot, fomentations, for one half-hour before retiring, over the abdomen, will, in the great majority of cases, secure a greater amount of sleep than the patient has been accustomed to enjoy. When a girdle can be worn after the fomentation, it is desirable. If the patient cannot keep warm, sponge the surface over, to which the fomentations have been applied, with tepid or cold water, as can be well borne. If the public know the value of this remedy, it would save a vast amount of narcotizing with the various forms of opium that are now in use, besides saving many from a living death, who have been compelled to use opiates to soothe and allay this restlessness, and procure sleep, till the habit is formed of taking this direful drug. Oh, when will the world learn the use of simple and harmless means to secure ease and relief from many of the tormenting pains that now afflict the human race! How many a poor child has suffered from irritability of the stomach and bowels, been dosed with opiates until all its sensibilities were blunted, when fomentations from the hand of its mother, and a wet compress on its bowels, would have given more prompt and speedy relief, without leaving the terrible effects of this child-destroying drug upon their tiny frames.

IV. This remedy often changes and increases the secretions. In torpid and congested states of the liver, the secretions are often rendered healthy; constipation is overcome, by this remedy, while many violent and severe cases of diarrhoea are arrested. Where purgatives have failed, this remedy often succeeds. I well recollect one case of a physician who came under my care, saying that he had taken *five* most powerful doses of active physic, without securing an evacuation. I gave him fomentations, and secured the desired result in a short time. The kidneys are often stimulated to action when the most rigorous diuretics have failed. This I have seen in many cases of dropsy.

V. This remedy will often arrest, when applied over the bowels, the most severe headache; quiet the convulsions of children while teething, or those which arise from intestinal irritations; violent and continued vomiting will often yield, flatulency and cholera subside, under its influence. Neuralgia, that legion of torments, will often leave on the application of this remedy. Fomentations will succeed in reducing inflammation of the eyes, when cold cannot be tolerated. Too much cannot be said in praise of this appliance on sore, sensitive, and inflamed parts; joints suffering from rheumatism, in many instances, will be greatly benefited. It needs nice discrimination to use this remedy effectually. If it soothes and quiets, we may be

sure that it is doing good when we use it. But if, on the contrary, it irritates and aggravates the symptoms, we must either change the temperature or abandon its use. This is, perhaps, the best rule that can be given for its application. At some future time, I may write more on this point. It needs much more said to bring out the philosophy of this appliance—this curative agent, which all can use with such gratifying results.

(*Elmira Water-Cure.*)

A CHILD FASCINATED BY A SNAKE.

We have occasionally read accounts of persons having been fascinated or spellbound by snakes, but never knew of an instance occurring in our vicinity until a day or two since, and one that we know to be a fact. A man by the name of O'Mara had a small child, a little girl about thirteen years of age, who came to her death through the influence of a snake, one day last week, under the following circumstances: O'Mara resides on Copperas Creek in Franklin county, and but a short distance from the Pacific Railroad depot. Some nine months ago early last fall, his family noticed the little girl to be pining away, and pale, although she had been very fleshy and hearty, and apparently without any cause or complaint of sickness. By the time winter had fairly set in, she was wasted away to a mere skeleton, but as soon as the weather became cold she again seemed to revive. She never complained of being unwell, and in reply to all their inquiries in regard to her health, she invariably said she felt very well, only a little weak. As soon as spring arrived, she could not be prevailed upon to eat any victuals in her father's house, but would take a piece of bread and butter, or a piece of meat, and go out to the edge of the creek to eat it. The family noticed her regularly, always going precisely to the same place, and invariably, complaining of being hungry after her return, when if more victuals would be given her she would again return to the creek, as they thought, to eat.

Finally, some of the neighbors, having heard of the circumstances of the child's extraordinary conduct, and also of her wasted appearance, suggested to her father to watch her movements, which he did last Friday. The child had been sitting on the bank of the creek nearly all the forenoon, until near dinner time, when she got up and went to her father's house, asked for a piece of bread and butter, and again returned to the same place she had been. Her father kept behind her without making any noise. As soon as the child was seated, the father saw a huge black snake slowly rise its head into her lap, and receive the bread and butter from her hand; and when she would attempt to take a bite of the bread the snake would commence hissing and become apparently very angry, when the child, trembling like a leaf, would promptly return the bread to the monster. The father was completely paralyzed, not being able to move hand or foot. Entertaining, as most Irish people do, a great dread of snakes, he

felt alarmed for the safety of his child, not knowing the nature of the snake, or the extent of the influence on his child. His blood became almost clogged in his veins, and he groaned in perfect agony, which caused the snake to become alarmed, and glide away into the creek. The child then immediately sprang to her feet and ran home, apparently much frightened.

Her father followed her, but she refused to answer any questions, and he then resolved to detain his child at home, but he was advised to permit her to go again next day to the creek and to follow her and kill the snake. Next morning she took a piece of bread and went out to the creek, her father followed her with his gun in his hand and as soon as the snake made his appearance, shot him through the head. The child swooned; the snake squirmed and worked himself round awhile, and then died; the child in the meantime recovered from her swoon, but was immediately seized with spasms, acting in a manner resembling the writhings of the snake, and finally died at the same moment the snake did, apparently in the greatest agony.

This horrible and at the same time melancholy occurrence is the first we have heard of for a long time, and in fact the first we ever knew of where we could positively vouch for its truthful correctness. We know that there are persons who doubt the reality of snake fascination but if they entertain any doubts on this subject hereafter, the relations of this unfortunate little girl can be found ready and willing to corroborate our statement. This should serve as a warning to parents who reside in the country to be more careful in watching their children.

We had almost forgot to mention that it was a black snake, (generally supposed to be harmless, that is, not poisonous,) 7 feet 6 inches in length, that fascinated the little girl.—

St. Louis Herald, July 12.

Many have spoken of the above account as a delusion, and asserted that snake charming has long since been exploded. But if an acknowledged relation existed at the time it was said, *Man "shall bruise thy head and thou shalt bruise his heel,"* that relation may exist now. The laws of nature, instinct and mind are now primarily the same as they always have been. How could the snake charm the little girl? *By a mental and physical influence exerted upon her.* The snake is in every position the centre of its own aura or atmospheric circle. The little girl probably sat down near the snake without a knowledge of its presence, hence she was quiet and in a passive state, the best possible position for absorbing the physical emanations; hence she absorbed the Aura of the snake upon the same principle that the poisonous emanations from the decomposition of vegetable and animal matter are absorbed. This physical influence, then, could be exerted by the snake, and felt by the child by absorption. For when the mind is passive, absorption is active. In this case a decided physical impression was made, even upon a human being, *as it*

has often been made upon birds and squirrels. The law of mind and the law of instinct are the same in relation to impressions. If it requires the concentrated attention of the bird to be fascinated and drawn to the snake, it required also the concentrated attention of the child before this unprecedented sympathetic relation could be established. The attention must be fixed, in order to control and move the sympathies of humanity. Hence there is both a physical and a mental influence exerted.*

As the sun-flower inclineth to the rays of the sun, so doth a person to the direction of his thoughts. If, then, the snake should suddenly catch the eyes of the little girl, she would, like the hunter, be paralyzed. Her eyes would be riveted on the eyes of the snake, which would obtain an influence over her on a regular mesmeric principle. Hence, as the mesmerizer makes the greatest impression upon the mind of his subject, and obtains the highest sympathy, so that what he tastes the subject tastes, what he feels the subject feels, so, in accordance with the same mesmeric law, did the snake establish a sympathy which compelled the child to bring it food.

As the mesmerized subject in this intense state of instinctive sympathy would most assuredly die as well as present the dying symptoms of the mesmerizer, if he suddenly received a mortal wound, so did the sufferings of the child correspond with those of the snake. The question may be asked, how came the child to die?

We answer, that the death of the snake, which was the sole object of its care and delight, upon principles that cannot be controverted, withdrew its thought and mind from the inducted force of the nerves, brain and body.

Thought is the positive force by which the mind and body are controlled. The snake is a link in the creative energy of God, and if man has the instinctive disposition of all created beings entombed in his mental existence, it follows that the laws of nature, instinct and mind, to which we have before alluded, occasioned the sympathy for the snake, as recorded in the actions of the child. This is an instance which proves that although we appear isolated, sympathy is the great vital link of God's universe.

A WARNING TO PARENTS.

Pen cannot write nor can tongue express the horrors of drug medication, which we daily read about in letters from all parts of the land. We select the following as a specimen. We can hardly believe there is a drug doctor this side of the "dark hereafter," who

* A distinguished military officer informed us that once, while hunting, he suddenly caught the eye of a huge rattle snake; and, to his utter amazement, he soon found that he neither had the ability to move nor take his eyes away from the snake's. In a few moments he began to feel deathly sick. A companion, seeing that he was strangely affected, ran and relieved him by shooting the snake on which his mind was wholly concentrated. It was several hours before his system recovered. If a rattle snake can paralyze a man, why may not a black snake fascinate a child?

would not "throw physic to the dogs," and send his pill-bags to "everlasting smash," if he could sit in our office one week and read all the communications we receive on this subject. Such an experience would convince him at least, that the people were getting about ready to put the apothecary shop where the Maine law folks want to put the groggery shop—"out of harm's way."

"A case occurred in this village a short time since, which has, I hope, made a deep impression on the public mind; and, I would humbly hope also, caused the doctors to reflect not a little on the danger of their ways. A child 22 months old was taken with spasms or fits; an allopathic doctor was sent for, there being no other in the place, who pronounced it 'wormfever.' Of course he followed up his opinion with a large dose of calomel, and remained through the night to witness the result of his dose. A sore mouth came on; then the teeth loosened and some of them came out; after which the 'remedy' commenced its ravages in all directions, eating away the structures like consuming fire. Another allopath was called, who applied blue vitrol, caustic, kreosote, &c., to check the progress of the ulceration, but in vain. The mother of the child said it *seemed* like murdering by inches. [Nay, it *was* murdering by inches]. It was a sweet child, and that dose of calomel was the sole cause of its death. If you think best you may handle these facts in the Water-cure Journal, as a warning to parents to let the calomel doctors alone."

BRAIN AND THOUGHT.

RICHMOND mentions the case of a woman whose brain was exposed in consequence of the removal of a considerable portion of its bony covering by disease. He says he repeatedly made pressure on the brain, and each time suspended all feeling and all intellect, which were instantly restored when the pressure was withdrawn. The same writer also relates another case, that of a man who had been trepanned, and who perceiving his intellectual faculties failing, and his existence drawing to a close, every time the effused blood collected upon the brain so as to produce pressure.

Professor Chapman of Philadelphia, mentions, in his lectures, that he saw an individual with his skull perforated, and the brain exposed, who was accustomed to submit himself to the same experiment of pressure as the above, and who was exhibited by the late Professor Wistar to his class. His intellectual and moral faculties disappeared on the application of pressure to the brain; they were held under the thumb, as it were, and restored, at pleasure to their full activity by discontinuing the pressure. But the most extraordinary case of this kind within my knowledge, and one peculiarly interesting to the physiologist and metaphysician, is related by Sir Astley Cooper in his surgical lectures.

A man by the name of Jones, received an injury on his head, while on board a vessel in the Mediterranean, which rendered him insensible.

The vessel, soon after this, made Giberalter, where Jones was placed in the hospital, and remained several months in the same insensible state. He was then carried on board the Dolphin frigate to Deptford, and from thence was sent to St. Thomas' Hospital, London. He lay constantly upon his back, and breathed with difficulty. His pulse was regular, and each time it beat he moved his fingers. When hungry or thirsty, he moved his lips and tongue. Mr. Clyne, the surgeon, found a portion of the skull depressed, trepanned him, and removed the depressed portion.—Immediately after this operation the motion of his fingers ceased, and at four o'clock in the afternoon (the operation having been performed at one) he sat up in bed; sensation and volition returned, and in four days he got out of bed and conversed. The last thing he remembered, was the circumstance of taking a prize in the Mediterranean.—From the moment of the accident, thirteen months and a few days, oblivion had come over him, and all recollection ceased. He had, for more than one year, drank of the cup of Lethe, and lived wholly unconscious of existence; yet, on removing a small portion of bone which pressed upon the brain, he was restored to the full possession of the powers of his mind and body.

DR. BRIGHAM.

Original Communications.

CUTANEOUS DISEASES.

BY PROF. I. M. COMINGS.

LUPUS, NOLI ME TANGERE.—This is an affection more particularly seen upon the face, around the nose and upon the upper lip. It is characterized by tubercles: which are rather oval and frequently flat, and of a brownish-red or livid color. They increase and terminate in ulceration; and an ichorous discharge is then poured out and concretes into crusts. It appears on the nose, cheeks and sometimes upon the ears and chin, but it is calculated that eight times out of ten it attacks the nose. The parts around become harder; suppuration goes on to ulceration, till at last a great degree of destruction is produced.

Diagnosis.—It has been compared to, and is probably sometimes confounded with scirrhus ulcerations of these parts; but we may distinguish the disease by the following features:

1st. Cancerous disease of these parts usually occurs first on the lower lip.

2d. The pain is only of the itching, tingling or smarting character, while the scirrhus ulceration is accompanied by severe darting pains.

3d. The contiguous glands are not affected, even though the disease has existed for years, which is not the case in cancer.

4th. The surface of the sore is never occupied by fungus granulations, or has thickened edges as has the cancer.

There are two species or varieties of this disease : the *Lupus molf*, so called on account of its ravages, will frequently give way to treatment, and occasionally will go off spontaneously ; but the other produces deep ulcerations and severe pains, and often seems very much allied to the cancer. This is called *noli me tangere*, for it grows worse the more it is interfered with by the old school physicians.

Treatment.—Escharotics are indicated, as well as emolient and discutient poultices. Strongly astringent washes, alternating with alkaline, will be found beneficial. As we find a scrofulous diathesis existing in most cases, it will be found best to use alteratives and especially the Sarsaparilla. This disease requires pretty much the same treatment as we recommend for the cancer ; and we are compelled to observe that in quite a number of cases, this disease resists all our remedies, as does cancer when it has run on beyond a certain point.

ELEPHANTIASIS, BARBADOES LEG.

This form of disease is quite rare in this country, seldom seen except among the negroes at the South. We have never seen but one case and that in Georgia. It derives its name from one of its characteristics, which is, the skin becoming hard and rough as the back of an elephant.

In this disease the features become extremely altered. The lips are very thick, and the whole of the face and a great part of the body are beset with hard tubercles ; so that a person could not be recognized by those who knew him previously to the appearance of the disease. The face is particularly rough. It is considered by Rager to be a chronic inflammation ; but we may either regard it as such, or as an organic disease of the skin. It is characterized by numerous independent tubercles of a livid color ; particularly developed on the face and ears, the upper and lower extremities, and likewise on the arch of the palate. The tubercles terminate either by resolution or by small ulcerations, which seldom extend in depth or breadth. They are covered by adherent crusts, under which a cicatrix is formed. It may occur in any part of the body ; but like lupus, it attacks the face more than other parts.

There is sometimes a dry gangrene which pervades the fingers and toes and eats them off, and it will gradually extend up the foot and leg till the vitals are affected, and death is the result.

This form of disease is said not to be contagious, but appears to be hereditary, though not necessarily so. It attacks both sexes and appears at all periods of life. Among the causes we may mention, living in damp dwellings, malaria, and unwholesome food, especially pork, over-working, intemperance and the depressing passions.

Diagnosis.—In the commencement the erythematous patches may be considered as symptoms of a disease far less fearful than lepra tuberculonous, and often for a time mislead the medical man. The impaired or total loss of sensibility in these points of the integuments,

their dusky-red hue, soft feel, and the circumstance of the patient, may assist in the diagnosis, if he has been previously in a tropical climate.

Another form of this affection, Barbadoes leg, is of a more local character, it does not spread throughout the body, or form tubercles. It commences in a thickening of the parts below the skin, and is not really a disease of the skin. It often occurs in the scrotum and at the lower part of the leg. Although the progress of the disease is slow, there is more or less general disturbance at the beginning; such as fever, frequent vomiting, pain and redness over the course of the lymphatic vessels, with swelling of the limb or part. The limb gradually increases to an enormous size; and becomes so hard as to resist the hardest pressure. The scrotum in one instance weighed nearly sixty pounds.

Treatment.—The same general course of treatment in this form of disease, as in others of this description. The vapor bath both locally and generally. A poultice of *ulmus fulva*, and some good astringents, as the *geranium*, *rubus*, *hamamelis* or *nympha*, will have a happy effect in getting up a healthy action in the parts. Alkaline washes and escharotics are both indicated in the treatment. The constitutional derangements must be attended to as they appear. Aperients or mild cathartics are required, and will be found especially beneficial in all the stages of this disease, unless the patient is prostrate and very low. Frequent friction, eompression carefully applied, and daily shampooing may be employed during the course of treatment. Frictions with the different preparations of iodine may be judiciously used unless there is inflammation.

Wet bandages during the day, and bitter herb fomentations during the night, will be found very useful.

ICHTHYOSIS.

This disease derives its name from the Greek *ixova ichthga*—the scale of a fish. It is characterized by no inflammation, and the skin is neither red, hot nor tender, but covered by a large number of scales—not disposed regularly or imbricated like the scales on the fish. It is said to resemble the scales on the feet of fowls. These scales are often of a blueish cast, and at a little distance we might suppose the skin was dirty. It exists in various degrees of intensity and of extent. The constitution does not seem to be in the least degree disturbed, or the health in the least affected. There is nothing to be seen but this organic affection of the skin. It sometimes covers the whole body.

The cause of this peculiar affection is not known. It seems to arise from some hereditary predisposition. The skin feels dry and rough and there seems to be no perspiration.

The ordinary form is called *ichthyosis simplex*, but there have been a few instances of a much severer form, and then it is called

ichthyosis cervea. This latter form was that which affected the "porcupine family," so called in England.

Treatment.—This is thought to be an incurable disease; but there are two cases on record that were cured by simply giving pitch, and oiling the body all over, or the oil alone applied to the surface will effect a cure.

As the constitution does not seem to be implicated in the least, it is probable that internal remedies will have but little effect. Oliginous applications to the skin, with the medicated vapor bath, will probably in most cases effect a cure.

New York, No. 68 East Broadway.

BILIOUS COLIC—IMPORTANCE OF DIAGNOSIS.

BY J. EARLY, M. D.

ABOUT 12 o'clock, the 8th of September last, we were called to visit J. H., laboring under an attack of bilious colic. Had been subject to frequent attacks of the same, and had employed various physicians with little relief. Dr. M. said if he could see him at the time of a fit, he could cure him, and relieve him in fifteen minutes. Accordingly our friend of old medicine was called and employed at each paroxysm, but they still recurred.

When we arrived, we found the patient setting in a chair and leaning forward on another chair, and in the most intense agony. We found that he had been in that condition from 8 o'clock, A. M., had sent for Dr. M., the family physician, but did not get him, at that time left word for him to come as soon as he returned home, wished us to remain until Dr. M. could arrive—vomiting incessant, pain very severe in the region of the stomach. The friends asked us what we thought was the matter. We told them it was gall-stones obstructing the ducts. They were surprised at the new name of the malady, and wished us to tarry until Dr. M. came. We did so. Administered relaxants, laxatives, antispasmodics, carminatives, &c.

2 P. M. Spasms more wild, vomiting nearly subsided at 4 P. M. From 4 to 5 called three times for chamber, felt as if bowels would move; at 5 was on vessel. When Dr. M. arrived, we told him what our opinion was. He objected, and called for council, and Dr. J. was at once sent for, during which time Dr. M. gave a large dose of morphia. We then said to the family, that we should withdraw and not be responsible for such treatment. Dr. J. soon came and a private consultation ensued. They said to the family it was doubtful about his recovering, but were willing to do all they could for him. They expressed a desire to do all they could for the father and husband, aged 63 years. After the first dose of morphia he did not call for the vessel again; no more enema were given at that time. Dr. J. gave a large dose of calomel with another of morphia. We left; called at 7 next morning. Patient had a hard time of it,

and died at 8 A. M. on Sep. 9, 1853. Had taken three large doses of calomel and a large dose of croton oil through the night.

Autopsy solicited by the Drs., agreed upon if we would be present on the evening of the 11th, 33 hours after death.

September 11th, 5 P. M. Met at the house of J. F., deceased, for the purpose of examining the body. Drs. M. and J. present. Found the stomach empty, internally highly congested, liver rather dry, gall cyst inflated with air, containing no bile, but filled with biliary calculi, or gall stones, some as large as chestnuts and others of the size of wheat kernels.

Now these doctors said, of course, a case of bilious colic would be marked in that way, i. e. gall stones must of course exist in order that a case of bilious colic could occur.

Could not the emptiness of the gall cyst have been produced by the excessive vomiting, as there was a copious biliary vomiting through the day? At the same time would not, in addition to the vomiting, the calomel and croton oil have produced the congestion of the coats of the stomach? Notwithstanding the doctors said nothing could have saved the patient, we thought at the time the patient might have recovered, but nothing but extreme relaxation would have done the work favorably.

The gall cyst was divided into two cavities, with only an orifice the size of a pigeon's quill to communicate with the other apartment. Both were found to contain some of these calculi. The partition was nearly transverse, about midway of the gall duct. The external sac contained the largest of the stones.

Sico, N. Y., August, 1854.

THE PODOPHYLLIUM CONTROVERSY.

MR. EDITOR: I have been not a little interested in the perusal of the several articles in your journal, having for their Consideration, the therepeutical action of *Podophyllin*, or *Podophyllum Peltatum*.

Now Mr. Editor, while I will accord to the gentlemen, especially to "Botanicus Sen." the right (by possibillity), to condemn the article *in toto*, after describing its action, in one or two isolated cases; nevertheless, I cannot believe the trial thus given, to be impartial or fair. That the article in all its Pharmaceutical Forms, is potent as a remedial agent, I firmly believe; and found my belief upon a lengthy experience in its use in various forms of disease. That it will produce the phenomena described by "Botanicus Sen." in forms of disease where there is irritation of the mucous tissue; or that it will aggravate certain forms of disease having a tendency to inflamed mucous surface, by inducing an irritated, or inflamed condition thereof, I also believe. A case in point. The author was some years since violently attacked with *Cynanchæ Maligna*, where the administration of 40 grains of the powdered root, by the physician in attendance, with a view to produce a cathartic effect, produced rapidly, an irritated or

sub-inflamed condition of the mucous surface of the whole alimentary canal, to such a degree, that it was rendered necessary, during the whole period of convalescence, which was slow, to administer febrifuge, and mucilaginous remedies.

Podophyllin evidently possesses active chologogue, as well as hydrogogue properties. Evidently depending upon its secernant qualities.

The rumors which have been circulated by some, that this article will produce Ptyalism, I can hardly believe, never having witnessed that effect: nevertheless in its operation when given in small doses as an alterative it may produce an action of the glands analogous thereto.

That it is one of our most potent, as well as valuable remedies, I do finally believe, and that it fulfills important indications in various forms of both acute and chronic disease.

But it needs to be used with a judicious discrimination as it is evidently a powerful irritant, promoting rapidly the secretions, especially the biliary. In my opinion, no single article in our *Materia Medica*, (*Lobelia* excepted) exerts such beneficial constitutional action, as a secondary effect, than the judicious exhibition of the *Podophyllum* in its various forms of administration; for in that numerous class of diseases, depending upon Hepatic derangement, and deranged biliary action, it possesses the potency of the "Samson of the *Materia Medica* of Allopathy" without producing the deleterious effects which follow the use of the latter article.

In inflammatory diseases, as a general rule, it is contra-indicated, unless indeed in some forms of local inflammation, where it may be admissible. In the use of this article, I much prefer the concentrated form, and frequently in combination with *Leptandrin*, *Iridin*, *Asclepin*, *Capsicin*, &c., by which its action may be modified or increased as the case demands.

I cannot agree with "*Experience*" in your last issue, that the great mass of *Phyto organic* remedies "may well be counted among the inert ones", as a daily use of several leading articles thus prepared, have convinced me of their vast superiority.

Their use is certainly convenient, and they remove the serious, and well grounded objection heretofore urged against the *huge* doses which reformers have been in the habit of using.—

Believing this, and being satisfied of their superior remedial action, with perhaps a few exceptions, I could not well dispense with *Podophyllin*, *Leptandrine*, *Iridin*, *Lobelin*, *Hydrastine*, *Cornine*, *Apocynin*, *Gelsemin*, *Asclepin*, and others equally efficacious, and satisfactory. "*Experience*" may have been unfortunate in the purchase, or selection of his remedies, and consequently, have been disappointed in their results.

While he is disposed to find fault with "*Botanicus Sen.*" for his proposition to "blot from our *Materia Medica*" *Podophyllin*; he must not censure me, if I "take him to task", for the attempt to wipe away at "one fell swoop" the whole list of valuable chemical pre-

parations, which have vastly unproved the resources and powers of the *Materia Medica Botanica*.

In conclusion, Mr. Editor, I like the spirit of inquiry, which dictates the articles, eliciting facts in relation to the therapeutical action of the different articles of our *Materia Medica* which must inevitably have the tendency to develop the resources thereof, and believing as I do that good will result therefrom, I hope to see a continuance of similar articles.

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Hartford Oct. 23d 1854.

RETRO-VACCINATION.

DURING the prevalence of Small Pox as an epidemic in the West Indies, in 1851, physicians had considerable difficulty in the procuring of good vaccine Lymph for the purpose of vaccination. A small supply obtained from England being unsuccessful, the experiment of *Retro* vaccination occurred to me. I at once procured six healthy cows of various ages, and proceeded to inoculate on the udder, (at the base of the teat,) from a ripe small pox pustule. Up to the 5th day there was no appearance whatever of any result. On the 6th day the part inoculated was very perceptibly hard to the touch, embracing a circle of the one-fourth of an inch diameter. So it remained until the 11th day, when I had the gratification of seeing a fine vesicle, which increased in size rapidly and filled with a greenish colored fluid. On the evening of the same day I punctured and took away the whole of the fluid and a small quantity of matter, which I secured between small plates of glass and enclosed in yellow wax. The 12th day three others had the same vesicle. The remaining two were not affected in the least. Two days after my obtaining the lymph I vaccinated with it several adults and a few small children. In every case I obtained the decided symptoms of the true vaccine disease, and in no instance, that came to my knowledge, did the parties so vaccinated contract small-pox; while they who had lymph from England and the United States introduced, enjoyed no immunity whatever, many of them being victims of that loathsome disease in its most virulent confluent form.

I must, however, mention that the constitutional irritation was so great as to deter me from using it upon young children until the 3d or 4th remove was obtained. The symptoms of this irritation were very high fever and bronchial affections.

JOHN REAY, M. D.

Editorial.

JUSTICE TO THE MEDICAL PROFESSION.

THE following vindication of the Medical Profession, is from the "Churchman" a weekly newspaper published in this city. It is but a just reply to the attack of some one, who had assailed the profession as tending to materialism and skepticism.

Our profession has an extended influence, and if this charge can be sustained it will militate against us, but let the writer tell his own story :

"MR. EDITOR :

"*Dear Sir :* Although not a physician, I read with no ordinary feelings of pleasure your vindication of the medical profession from the stale slanders which now and then come from those whose education and opportunity of observation ought to teach them better. That the study of the structure of man tends to make men materialists and infidels, is one of those maxims that men take for granted to be true, merely because of their antiquity, and because they have always heard them, and never stopped to examine into their truth. In times when all knowledge, except what came through the channel of the Church of Rome, was held to be heretical, it was to be expected that men who devoted their time and energies to studies out of the church should be looked upon with a jealous eye. But it is strange, now when anatomy and physiology are incorporated in the studies of every highly-educated man, that any but the unlearned should repeat a long-refuted and exploded slander against a profession which ranks highest in human art, both as a scientific study and for its humane objects. It is not my purpose, however, to discuss this subject ; I merely wish to point to a remarkable illustration of the truth of a portion of your remarks, brought under my observation only a few days after reading them. I refer to the deplorable accident of the fourth of July on the Baltimore and Susquehanna Railroad. I wish, also, to make a suggestion which that horrible scene brought to my mind.

"Immediately that it was known that there had been an accident, and that fellow-creatures were suffering and dying, the physicians within riding-distance were promptly on the spot, to render aid in preserving life and alleviating pain, by setting limbs, dressing wounds, and superintending the removal of the wounded. This was not, as they might say who speak slightly of those whose aid they are most clamorous for in their own sufferings, for the sake of a fee ; for the work—on the sultriest of days and at a distance from water—work long-continued and of the most laborious kind, was performed for persons utterly unknown to them, whose names they did not even stop to inquire, and whom they never expected to see or hear of again. Moreover, when it was suggested, afterwards, that the rail-

road company could be made to pay them for their services at the place of the disaster, the suggestion was not, at least by those whom I have seen, for a moment entertained. They declined to seek pay for services prompted only by feelings of humanity.

"My visit to the ground was not to gratify an idle curiosity or to moralize, but while engaged in assisting the dying and wounded or in removing the dead, I could not but think how acceptable would be the services of the physicians of the soul—the labors of those who profess to be engaged only in a work of love and for the sake of love. I am far from wishing to make any comparison between the medical and the clerical professions, but might it not as naturally occur to the clergy, that in the agony of *mind* which such an accident occasions, there is need of men to *talk* kindly, as well as to *act* kindly,—for which the actors have no time,—to sympathize, to soothe, to direct the thoughts of the wounded heavenward, before the supervening fever shall send them delirious to meet their God.

"There are more clergy of the different denominations (though none of the church) in the neighborhood than there are physicians; and had they been as prompt to lend their aid, I know that their services would have been as acceptable. I speak from actual knowledge; for I could not refrain from occasionally ceasing from my labor to sit by a sufferer and converse with him, and I had ample evidence of the thankfulness with which my efforts were received; especially on the part of one poor man, whose moments of consciousness were none too many to prepare for the change that three days brought upon him.

"The suggestion then, that I wish to make—to which I am prompted by the advice of a clergyman, a near friend, a pious and a practical man, is, that the clergy be as prompt to repair to the scenes of disaster as the physician. Actual observation convinces me that there is nothing impracticable or visionary in the suggestion; and it cannot but increase respect for the profession, when the world sees the self-denial and manifest disinterested exertions of its members."

H. O.

Baltimore County, July, 1854.

IS IT CONSISTANT?

Nor many weeks since we received a private letter from an old and tried friend, who has long been engaged in the practice of sanative medication, in which letter, after saying that there were some who seemed to be content when they saw their practice was but a little better than that of the Allopaths, he continues. "One thing grieves me and that is to see a Reformed practitioner go to an Allopathic Institution to finish his Medical education. We might as well send our young men in the ministry to a Catholic College

to obtain instruction in the gospel, or our wives and daughters to a Nunnery to prepare than for good housewives. Who can handle coals of fire and not be burned?"

The above is not very bad reasoning; and since the Metropolitan Med. College, now affords all the facilities of hospitals and surgical instruction, there can be no excuse that our Old School Colleges afford us greater inducements. Consistency is a jewel.

NEW ELECTRICAL DISCOVERIES.

WE have of late seen so many wonderful phenomena as the result of electrical action that we hardly know what to believe or disbelieve; the following experiments are so simple, that we hope those interested will try them and if they are verified we should be glad to have some report for our columns.

"When the temperature is below fifty-two degrees, the wind north, and the sky clear, expose a cat to the cold until its fur lies close to the skin and appears greasy; expose your hands to make them equally cold; then take the animal on your knees, apply the fingers of your left hand on its breast, and pass your right hand down its back, pressing moderately; at the fifth or sixth pass you will receive a slight electric shock. At first the cat appears pleased; but as soon as it feels the shock it jumps away, and will not stand a repetition of the experiment during the same day. After the experiment the animal looks tired; some days after, it loses its appetite, seeks solitude, drinks water at rare intervals, and dies in a fortnight. The same experiment has succeeded with rabbits; they die the same day. It is unsuccessful with dogs. Once only has it been made on a cow; she was tied to an iron ring; the ground was frozen; one hand was placed on the breast, and the other passed down the back, when an electric shock threw the experimenter to the ground. The cow appeared very much irritated; but it was impossible to know if she suffered from it, since she was killed by a butcher three days afterward."

MENTAL DERANGEMENT—ITS SYMPTOMS AND TREATMENT.

The above is the title of an able, long and very valuable Essay by Roger G. Perkins, M. D., Physician of the New-York Lunatic Asylum, Blackwells Island, published in the Medical Monthly for August.

In this essay, the author describes all forms of mental derangement under four classes. 1st Mania, 2d Melancholia, 3d Dementia, 4th Moral Insanity. The symptoms are very correctly described and having come to the treatment we were particularly pleased to read the following which is one good step towards Medical Reform. It is a stride that we had not expected, not

withstanding we know that bleeding was becoming almost obsolete in modern practice, yet there are "*particular cases*", where it has been thought necessary to bleed, and just such a case as is here mentioned. This Essayist writes as follows. "In speaking of the therapeutics, the question of bloodletting at once presents itself, *There is hardly any form of insanity in which bleeding is admissible.* In every case in which it has been employed within the writers knowledge it has been proved highly injurious; and in one case, perhaps utterly destroyed the hope of cure, which might otherwise have been cherished. If a strong, plethoric and physically healthy man becomes the subject of acute mania, if the head is hot, eyes injected, and face flushed, pulse full and strong, and if at the same time the patient is violent and noisy, the physician would naturally be tempted to a trial, of general bloodletting. *Let him on no account yield to his inclination.*"

And a little farther on he observes, "the patient will require all his natural strength during his convalescence," &c. Why not this same reasoning apply to all cases of disease? do not all the sick need their "natural strength" to effect a cure?

Twenty years ago, and these notions would have been scouted as heretical, so we predict that the next twenty years will bring about as great a change in the use of Calomel and some other poisons. Truth is mighty and will prevail.

We are sorry that we cannot speak in defence of the treatment which is subsequently described. Such as cantharides, tartar emetic, opium, morphine, setons in nape of the neck, &c. On the whole, however, the treatment is far more rational than any thing we have seen in Allopathic writings. The hygeanic regimen is excellent, and the whole Essay shows a most commendable improvement on the practice of the Old school.

SYRUP OF LACTUCARIUM.

THERE may be some very good Reformers, who can hardly find a substitute for Opium or some preparation of it, and just use a very little, with so much caution as to do no hurt; to all such, as think there is nothing to substitute for this narcotic, let us suggest, after the lobelia, gelseminum, fomentations &c. &c. have failed, (which is very seldom indeed) that the *lactucarium* be used. The importance of this has long been acknowledged by "many of the most authoritative writers upon medicine and suited to the case of those whose idiosyncrasy forbids the use of opium", and this *ought* to be every human being and we have no doubt is.

From the experiments of Mr. Emile Mouchon as we find in the Am. Jour. of Pharmacy page 32, that the ethereal and alcoholic menstrua appear to be inappropriate to the extraction of the active principles of the drug, and even

with either of these solvents. They are unsuitable, to the exhaustion of the material, and also containing too much alcoholic stimulant which is always so undesirable in anodyne preparations. The formula, given by M. Mouchon is as follows

Take English Lactuearium	64. grs.
Carbonate of Potash	32. grs.
Sugar	4. oz.
Distilled water sufficient.	

Grind the Lactuearium with the carbonate of potash and continue the trituration till the two are thoroughly mixed; add sufficient water to moisten it completely: allow it to stand for twelve hours and displace slowly till two fluid ounces are obtained, then add the sugar and dissolve with a gentle heat. Each fluid drachm of this syrup contains two grains of Lactuearium.

This syrup can be prepared by any practitioner without any costly apparatus or much trouble. It will be all the anodyne required and yet free from the narcotic effects which make the opium objectionable.

Try it and let us hear from *experience* on this subject.

BUCHANAN'S JOURNAL OF MAN.

THIS interesting Journal for Nov. has been received, it is as usual filled with choice matter, that is especially suited to the present age of society, when the human mind is seeking to become more acquainted with its own nature and attributes.

The physiology of the mental faculties, is almost a *terra incognita*, and Prof. Buchanan seems to be the great explorer into these secret and hidden fields, now being laid open to the wondering gaze, of those who are seeking the truth and desirous of greater acquaintance with the inner world and inner man.

Success to the Journal and to the talented editor.

EXPERIMENTS ON ALLIGATORS.

DR. MARSHALL HALL, now in Boston, intends shortly to proceed to New Orleans, for the express purpose of witnessing the surprising experiments of Drs. Cartwright and Dowler on alligators. It is easier to go to the region where these monsters abound, than to transport them for scientific inquiries at a distance. A verification by Dr. Hall of the discoveries made by those bold experimentors, will give additional interest to the subject. Physiology opens a great field for contemplation. Vast as have been the acquisitions of medical scholars, the nervous system still invites further explorations, since the problem of life continues to elude their grasp. Who can demonstrate what it is? If the great reptiles of the Mississippi are to be the instrumen-

talities for bringing to light the hidden secret, under the knives of our learned friends, it will be a proud circumstance for our age and country.—*Boston Medical Journal*.

“DR. CARTWRIGHT contends, against long odds, it is true, that in the lungs, not the heart, resides the motive power of the circulation; that, literally, as Moses asserted, the blood is the life of the flesh, and the air the life of the blood. He affirms that after death, when the pulse has stopped, the heart is still, and the body is insensible to pain. By producing artificial respiration, by inflating the lungs, the blood can be started anew, its life revived, and the body resurrected absolutely from the cold abstraction of death. Both of his alligators had their windpipes tied, and one of them had his chest opened, with his heart, lungs, and stomach, &c., exposed. In the course of two hours both animals were dead, pulseless, and quiet over the flames of fire.—Then a bellows nozzle being inserted into the trachea, inflation was begun, and continued for some minutes. We saw the motionless heart throb, the blood beginning to flow from the lungs to that organ—the eyes of the alligator opened, and the hapless “victim” lived again. The alligator whose chest was exposed, had his caroted artery accidentally cut, thereby losing a considerable quantity of blood, and hence it was not made so briskly alive as the other, who retained all its vital fluid; and the inflation failed in Dr. Dowler’s subject, which was entirely bloodless—results confirmatory, however, of Dr. C.’s theory.”—*N. O. Delta*.

ABSORPTION OF LIGHT.

Experiments show that light becomes visible on bodies brought into a dark room after having been previously exposed to sunshine.

It seems that inflammable bodies generally possess this power of absorbing light, in a greater or less degree.

White paper, or linen examined after being thus exposed to sunshine, is luminous to a great degree.

And if a person shut up in a dark room, puts one of his hands out into the sun’s light for a short time and draws it in, he will be able to see that hand and not the other. It would seem then that light is matter as Newton supposed, and not merely to be resolved into the vibration or motion of matter.

Whatever be the difficulties which attach to the theory, that supposes, light to consist of material particles *we are compelled by its properties* to admit, that light acts as if it were material: and that it enters into combinations with bodies, in order to produce the effects which we have enumerated.

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The next Session of the Metropolitan Medical College will commence on the second Tuesday in March, 1855, and continue four months.

FEES.

The entire fee for Matriculation and Lectures will be	-	\$100.00
Graduation,	-	20.00
Students having attended two courses in any other Medical College, but none in this,	-	10.00

As we are desirous to accommodate all who wish to enter the profession, if any student is limited in his circumstances and unable to pay the full amount, by making arrangements with the President of the Board and the Faculty, he can be admitted on more favorable terms, which arrangement shall be confidential.

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Students wishing further information will address H. M. Sweet, M. D., Sec., at the office of the Board of Trustees, No. 16 West 13th Street, N. Y. or Prof. I. M. Comings, No. 68 East Broadway.

A. DOOLITTLE, M. D., *Pres.*

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